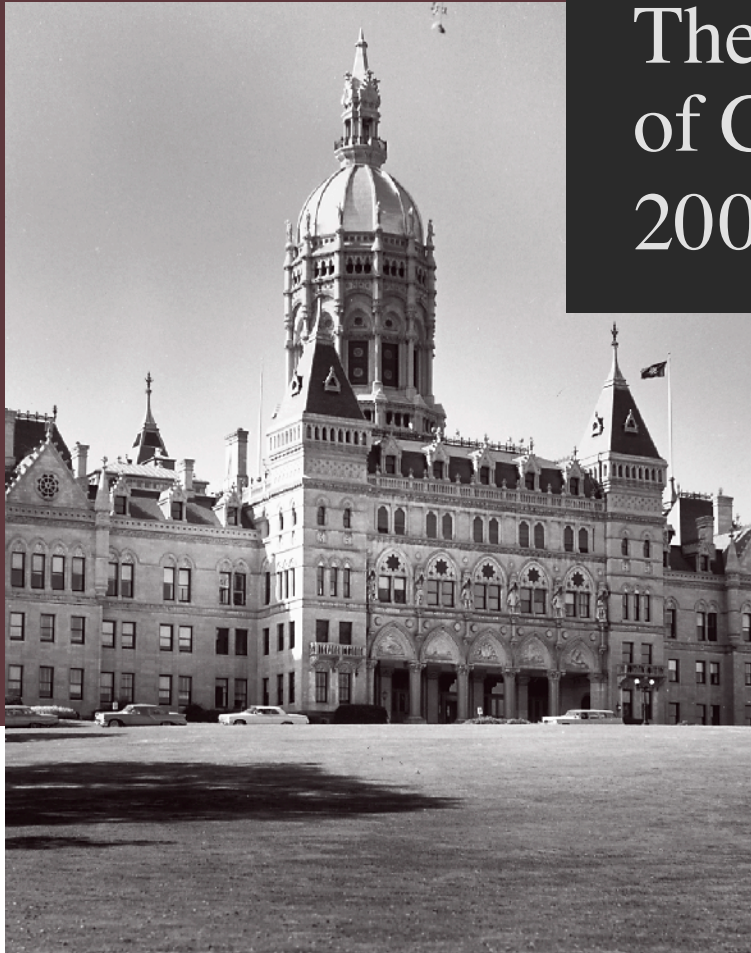


The Social State of Connecticut 2002



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**Institute for Innovation in Social Policy
Fordham Graduate Center
Tarrytown, New York 10591**

To the Governor and the Members of the General Assembly of the State of Connecticut:

I am pleased to submit *The Social State of Connecticut 2002*.

This year's report contains both good news and bad. The overall social health of the state improved for the sixth consecutive year and is now reaching levels that were achieved twenty-five years ago in the 1970's. Connecticut has much to be proud of in this regard. This year's feature, Connecticut in Contrast, presents a different picture. On many key indicators, there are vast differences in performance between localities throughout the state. This has significant implications for the living standards of citizens of the state and requires immediate attention.

The Social State of Connecticut 2002 builds on the success of the previous eight documents that have over time monitored the social conditions of the state. No other state has kept track of social conditions in as comprehensive a manner. The state government of Connecticut is to be complimented for their continued support of this effort. Next year will mark the tenth anniversary of this report. Through its publication, Connecticut has become a leader in the nation in social reporting the conditions of its citizens.

As I have done in recent years, I again want to express my appreciation to the two people who have made this project possible: Elaine Zimmerman, Executive Director of the State Commission on Children and David Nee, Executive Director of the Graustein Memorial Fund.

Sincerely,
Marc Miringoff, Ph.D.

State of Connecticut

GENERAL ASSEMBLY



COMMISSION ON CHILDREN

To The Citizens of Connecticut,

Our state is the first in the nation to offer a substantive view and analysis each year of the social health of its citizens. The index ensures public awareness on social, health, safety and economic factors spanning generations. Elected leaders and the public can view these trends and capture the quality of life in Connecticut.

The Social Health Index offers a barometer of Connecticut life. In the spirit of democratic practice, the index provides a civic tool for discourse, policy analysis and voter information. The framework can enable citizens to assess trends and engage in policy or budget decisions. Indicators span thirty years. No ideology or single issue interest cloaks the findings.

This year's index offers good news. Weekly wages, high school completion, health care access and employment are up. Youth suicide, violent crimes and teenage pregnancy are down. For six consecutive years the index has risen, revealing dramatic improvements in our quality of life. But increased child abuse rates with eight child fatalities, growing income inequality and stark racial disparities shadow the gains.

Behind strong indicators, there are pockets of trouble. Teenage birth rates are down, but births to girls under fifteen are increasing. Health care access has significantly improved while health care costs rise. Violent crimes have decreased but domestic violence is up with 28% of the victims of family violence homicides being young children and seniors. While per capita income has grown, so has child poverty with its attendant costs.

With prospects likely for a growing economic decline in 2003, winter will spread this coming year beyond its season. Preparation for the impact will be akin to preparing our homes for storm. We fill in cracks, lay out sandbags, drive in a sturdy nail. The social health index can be useful in planning for preventive strategies that will uphold our gains and impede potential falls during this time of severely diminishing resources.

A state is only as purposeful as its citizenry and elected leaders. It is hoped that this civic tool, provided by the Governor and the Legislature, will continue to be used to help improve the quality of life in Connecticut.

Sincerely,

A handwritten signature in cursive script, appearing to read "Elaine Zimmerman".

Elaine Zimmerman
Executive Director
Connecticut Commission on Children

WILLIAM CASPAR GRAUSTEIN
M E M O R I A L F U N D

November, 2002

David Nee
Executive Director

To the People of Connecticut:



*The storyteller figure
symbolizes the values
of the Memorial
Fund— educating,
supporting and
inspiring our
children.*

For nine years *The Social State of Connecticut* has provided a consistent, data-driven look at the social health of our state. This report shows that the social health index continued to improve through 2000, the last year for which data is available, reaching 63 out of a possible 100, a level we have not seen since the mid-eighties. As Connecticut residents, we will need to work to maintain these gains, especially through current difficult times, and to continue to make progress.

The reason we need to push forward is clear from the indicators themselves. Not all of Connecticut's residents have benefited from the gains. Two of the five key indicators that worsened this year— child abuse and income variation — are at their worst points ever. The income indicator, which measures the gap between the richest and poorest counties, grew by 2.4 percent in 2000 alone. Over the 30 years reported in the index, the disparity in income has worsened by 57 percent. Fairfield County's per capita personal income now stands at more than twice the income of residents in Windham County.

In the last section of this report, *Connecticut in Contrast*, eleven indicators provide a closer look at the social health of our state's cities, and they reveal many disparities. Consider, for example, the high school dropout rate, an indicator scoring its best on record in the 2000 social health index for the state as a whole. Progress is evident, with a statewide annual dropout rate at a record low 3 percent. And yet, New London's dropout rate is nearly nine times the state average; the Hartford and Bridgeport rates are four times as high. Four Connecticut towns have a dropout rate of zero.

Connecticut can be proud of its support for this social health index. We are one of very few states in the country that has an annual review of those factors that affect the quality of life for all of us. We can use this information to ask the right questions and search for answers. Together we can make this a state concerned about the social health of every citizen, in every city and town.

Sincerely,


David M. Nee
Executive Director

The Social State of Connecticut 2002

Fordham Institute for
Innovation in Social Policy

Tarrytown, New York | 2002

Acknowledgments

I would like to express my appreciation to the members of the Advisory Committee: David Carson, retired CEO of People's Bank and Dr. Edward Zigler, Sterling Professor of Psychology at Yale University, who serve as Co-Chairs; George Bellinger, Amistad America, Inc.; Alex Knopp, Mayor of Norwalk; Jerry Franklin, CEO, CPTV; Bonita Grubbs, Executive Director, Christian Community Action; Marty Milkovic, Executive Director, United Way of Connecticut/Infoline; Brian Mattiello, Under Secretary of Office of Policy Management; David M. Nee, Executive Director, Graustein Memorial Fund; Judith Bushe, Chair Emeritus of the Commission on Children; Christel Truglia, State Representative; Susan Bysiewicz, Secretary of State; Robert Mantilia, Chase Manhattan Bank; Dr. Charles Super, Dean, School of Family Studies, University of Connecticut; and Elaine Zimmerman, Executive Director, Commission on Children. Thanks also to the many officials in Connecticut state government who helped us find the data we needed.

Special thanks to William Hoynes, Ph.D., and Marque-Luisa Miringoff, Ph.D., Special Consultants, for their work on the text and presentation of the data, and Sandra Opdycke, Ph.D., of the Institute staff for her tireless effort in collecting the data which was the basis of the document and for her contribution to the writing and editing. Thanks to George Laws for all of his work on the design of the charts, graphics, and text and to Amy Miller, Assistant Director of the Institute, for her efforts on behalf of *The Social State of Connecticut* and her continued dedication to the Institute and its work.

I would like to thank colleagues and students at Fordham University, particularly Mary Ann Quaranta, Dean of the Graduate School of Social Service, for her continued support and encouragement, and Fr. Patrick Sullivan, Administrator of the Fordham Graduate Center, who has always supported the Institute and helped realize its mission.

MM

Executive Summary

This document seeks to inform public policy and heighten public awareness about social conditions in Connecticut. The routine monitoring of the State's social performance is as important as the routine monitoring of its economic performance, in understanding what shapes the quality of life of its citizens.

The Connecticut Index of Social Health provides an overview of the social performance of the State since 1970. Each indicator of the Index represents an important area: health, employment, income, education, security, and psychological well-being. The performance of each reflects the relative strength of social institutions, such as community, school, and family. Taken together, they tell us much about the quality of life in Connecticut. The indicators are:

Children:

Infant Mortality

Child Abuse

Adults:

Unemployment

Average Weekly Wages

Health Care Costs

Youth:

Youth Suicide

High School Dropouts

Teenage Births

All Ages:

Violent Crime

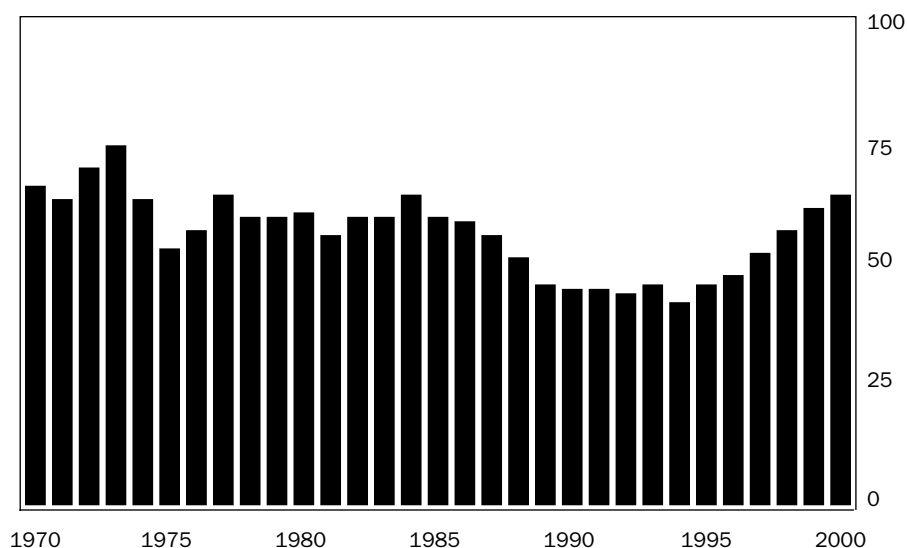
Affordable Housing

Income Variation

Between 1970 and 2000 the Index of the Social Health of Connecticut has dropped from 65 to 63 out of a possible 100. The best year was 1973, when the Index stood at 73. The worst year was 1994, with a score of 41.

The social health of Connecticut increased for the sixth consecutive year in 2000 (the last year for which complete data are available), rising three points to match its highest score since 1973. In 2000, the Index stood at 63 out of a possible 100, an improvement from the previous year's Index score of 60. This is the first time in the past 16 years that the Connecticut Index has risen higher than 60.

Index of Social Health of Connecticut, 1970-2000



Source: Fordham Institute for Innovation in Social Policy

It is encouraging to see this continuing improvement in the Connecticut Index. Over the last six years, Connecticut has managed to regain the ground that was lost in the 1980s and early 1990s. Although the rate of progress has varied from year to year, the state's total gain since 1994 is twenty-two points, a very positive achievement. The challenge now is to build on this pattern of improvement, so that Connecticut can return to its highest levels of social health achieved in the early 1970s.

Since 1970, both Connecticut and the nation have experienced a decline in social health, but the sustained downward trend began earlier in the nation than in Connecticut. During the years 1978-82, the social health of the nation declined 23 points, while Connecticut's remained fairly stable. Then, beginning in 1985, Connecticut experienced the same kind of decline that had hit the nation earlier. Since hitting a low point in 1994, the Connecticut Index has risen steadily over the past six years.

Over the course of the last thirty-one years, six of the eleven indicators have improved and five have grown worse. This year, six of the eleven indicators improved and five worsened. Among those improving, average weekly wages, high school dropouts, and unemployment were the best on record since 1970. Two of the indicators that worsened this year, child abuse and income inequality, both reached their worst on record.

This year's report includes a special section, "Connecticut in Contrast," which analyzes social health in Connecticut at the town level. The strong statewide social performance in 2000 is good news for Connecticut's residents. However, this information needs to be interpreted with caution. There is often great disparity in social performance from one community to the next. Even amidst continuing improvement in social health, Connecticut is full of contrast, with both great success and enduring social problems.

"Connecticut in Contrast," highlights the best and worst performing towns in the state on eleven key social indicators, showing the dramatic differences that persist even in times of strong statewide social performance. With social health reaching impressive levels in Connecticut in 2000, the state faces the continuing challenge of extending the benefits of improving social performance to all of the communities in the state.

Part I

Social Indicators and Community Well-Being: Social Performance on the Local Level

Citizen participation is the core of our democratic process. But citizens must be reasonably informed to effectively participate in the complex and contentious world of politics. New technologies—including computers, cell phones, and satellites—may be helping to transform the ways we communicate. But even in this high-tech environment, citizens still need basic information about the well-being of their communities. As social policy shifts from the federal government to state and local governments, it is becoming increasingly important to develop tools for evaluating social health at the state and local level. Since so much of politics is local, and social and economic conditions often vary a great deal within states, understanding social health at the community level can be especially significant for citizens.

News reports and political speeches about our national well-being usually focus on the world of economics and business. The portrait they draw typically includes the Dow Jones Industrial Average, the Index of Leading Economic Indicators, the Gross Domestic Product, the balance of trade, and other similar measures. In the economic realm, daily, weekly, monthly, and quarterly reports monitor fluctuations in a broad range of measures; indexes combining several key indicators are issued monthly to facilitate comparison, detect change, and provide information for policy-making. In all, we have more than one hundred economic indexes and indicators that tell us how the economy is doing.

But economic indicators alone provide a limited view of our social health. When we ask, “How are we doing?” we need information that is not narrowly economic, but goes further to explore the full range of what constitutes a good society. We need to broaden our framework for evaluating the quality of life in our communities and build richer methods of social monitoring. A fuller kind of social reporting would include other elements in the portrait of the nation’s

As social policy shifts from the federal government to state and local governments, it is becoming increasingly important to develop tools for evaluating social health at the state and local level.

health to give us a deeper view of our social well-being. These elements include the condition of our children, the quality of education, the accessibility of health care, the affordability of housing, and our sense of community, security, and citizenship. In short, we need timely social reporting that will allow us to judge the social health of our nation and our communities. The continuing challenge is to devise a set of indicators that allow us to regularly monitor social health on the national, state, and local levels.

Social Indicators and Social Health

Connecticut continues to be a national leader in the development of mechanisms for evaluating social health, with an annual social report and a state government that takes social reporting seriously. Social reporting in Connecticut is part of a larger trend; across the country, a growing number of cities and towns are developing methods to monitor the health of their communities. This kind of social reporting at the community level provides a series of benchmarks for evaluating social policies. Just as important, local social monitoring is often very effective at stimulating public dialogue about the current and future well-being of communities.

local social monitoring is often very effective at stimulating public dialogue about the current and future well-being of communities.

At the national level, however, social reporting is much less developed than economic reporting. Social indicators appear more sporadically and are generally released and assessed in isolation, with little or no context or connection. They are rarely reported more frequently than on an annual basis and often there is a lag time of months and even years. Poverty, for example, is reported once a year. Child abuse, youth suicide, and health insurance data are often more than two years old by the time they are released. There are no reliable measures of such persistent problems as homelessness or illiteracy. And there is no officially recognized index of agreed upon indicators that monitors the improvement or worsening of social conditions facing the nation.

Because indicators of social health are published infrequently and with little context, problems are often portrayed as crises, which seem to arise suddenly and disappear just as quickly. As a result, social problems seem less amenable to intervention and social policy can seem ineffective. The absence of regular social reporting undermines the possibility of a pragmatic social policy based on rational assessment of objective data.

We can move forward by developing standards against which the current performance of key social indicators could be judged in order to assess how well

we are doing. Such standards can help us to identify our most pressing social problems, set goals for improving these problems, and give us a framework for assessing our progress.

What is most important is to start building a foundation for a new kind of public dialogue about social health in our communities and in the nation, based on analyzing indicators of social performance. This analysis can ground the discussion, giving it a consistency that is not present when politics and ideology predominate. If we can forge some agreement about which indicators are important, how we can measure their performance, and which ones we need to monitor most closely, we can begin to build the context for a new dialogue about our social health.

The Index of Social Health

In seeking to contribute to the improvement of social reporting, The Fordham Institute for Innovation in Social Policy, for the past 16 years, has published an annual Index of Social Health for the United States. Each year's Index monitors the nation's social performance in terms of sixteen key social indicators.

The Index includes conditions that affect the well-being of children, such as infant mortality and children in poverty; youth, including high school completion and substance abuse; adults, such as average weekly wages and access to health insurance; and the aging, such as poverty among senior citizens and out-of-pocket health costs. In addition, some indicators are included that affect people of all ages, such as crime and the affordability of housing.

Like the Index of Leading Economic Indicators, the Index of Social Health provides a single number that may be compared over time. The Index monitors social patterns and trends going back three decades. As the only instrument of its kind, the Index has gained a broad following in the academic and policy-making communities. It has been included in numerous books and articles and has received significant national media attention.

Since 1970, the national Index of Social Health has declined 26 percent. The average Index for the 1990s was lower than either the decade of the 1970s or the 1980s. In fact, five of the eight worst years since 1970 occurred in the 1990s.

Had the declining social trends that the Index revealed been monitored and reported on a regular basis as they occurred—month by month, quarter by quarter, year by year, like the Dow Jones Average or the Gross Domestic Product—the

What is most important is to start building a foundation for a new kind of public dialogue about social health in our communities and in the nation, based on analyzing indicators of social performance.

public might have been better informed. Debate, discussion, and action might well have followed, and perhaps we would be better equipped to intervene so as to alleviate persistent social problems.

The Social State of Connecticut

The Social State of Connecticut, now in its ninth year, represents the first application of the Index approach to be initiated by state government. *The Social State of Connecticut*, which has been established through a partnership of state government and a private foundation, continues to provide a valuable model of social reporting for other states in the nation.

As its name implies, this document constitutes a broad source of data about a significant number of conditions that affect the social well-being of Connecticut's citizens. The report provides both an overall assessment of trends affecting the social health of the state as a whole and an examination of how each individual indicator contributes. This differs from a more narrow focus on the conditions of a single sector of society, a single problem, or a specific community. The report also presents a framework for how to evaluate the current performance of each of the indicators in relation to its past performance. And this year's *Social State of Connecticut* provides a new section reporting data on social performance in Connecticut at the town level, showing the strongest and weakest performing towns on eleven key social indicators.

Published annually since 1994, the *Social State of Connecticut* is intended to be part of an ongoing process of monitoring the social performance of the state. Each year the *Social State of Connecticut* has provided an assessment of the social conditions within the state, mapping social trends, identifying both positive developments and continuing social problems, and providing an overall evaluation of the state's social health.

While the report provides newly updated information each year, and presents data that show the changes from year to year, the goals of social reporting in Connecticut remain the same. *The Social State of Connecticut* is intended to help link the perspectives and integrate the efforts of the many groups, both public and private, who work toward the improvement of social problems in the state. It is also intended to contribute to a continuing dialogue among citizens and policy-makers about the quality of life in Connecticut and in the state's cities and towns.

Part II

The Connecticut Index of Social Health: The Overall Social Performance of the State

The Connecticut Index of Social Health offers a view of the social well-being of Connecticut as a whole. The quality of life in the state is not revealed by any single social indicator, but by the combined effect of all of them, acting on each other. For this reason, the focus of the Connecticut Index is not primarily on separate problems but on the way in which they interact to create a social climate. Each of us at different times in our lives can experience a whole range of social conditions. The Index includes social indicators associated with different stages of life, as well as some that can affect any age and socioeconomic group.

The Connecticut Index of Social Health includes the following indicators:

Children:

Infant Mortality
Child Abuse
Health Care Costs

Adults:

Unemployment
Average Weekly Wages

Youth:

Youth Suicide
High School Dropouts
Teenage Births

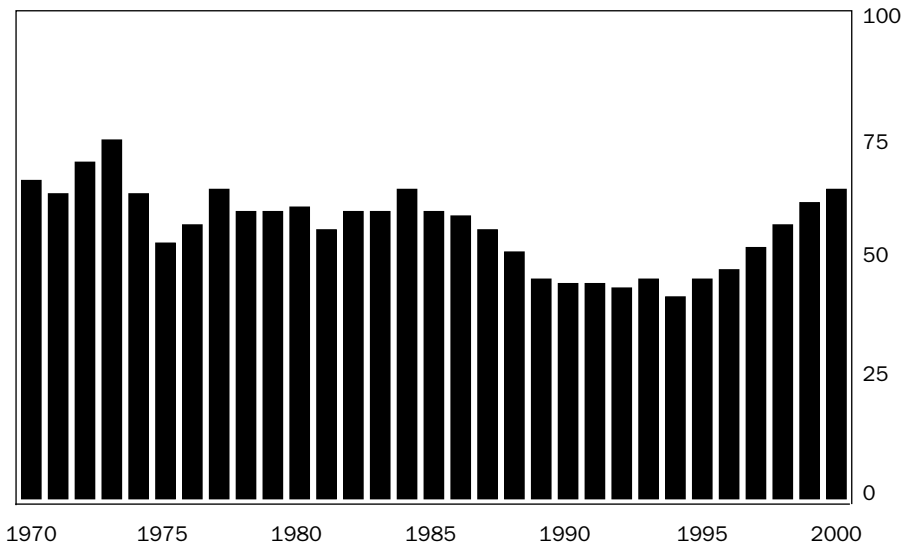
All Ages:

Violent Crime
Affordable Housing
Income Variation

Taken together, Connecticut's performance on these eleven social indicators provides a comprehensive view of the social health of the state. Each indicator represents an important area that affects the quality of life: health, employment, income, education, security, and psychological well-being. The state's performance on each indicator reflects the strength of social institutions, such as community, school, and family. These indicators are social, in that they do not occur in isolation nor is their impact confined solely to individuals directly represented

by each statistic. Changes in the rate of child abuse or high school dropouts, crime or average wages, touch wider and wider circles of the population, as their cumulative consequences are realized. Monitoring these indicators, both individually and in concert, tells us much about the social health of Connecticut.

Index of Social Health of Connecticut, 1970-2000



Source: Fordham Institute for Innovation in Social Policy

Current Year

The social health of Connecticut rose three points in 2000 (the last year for which complete data are available), showing improvement for the sixth consecutive year, and reaching one of its highest scores since the mid-1970s. In 2000 the Index stood at 63 out of a possible 100. This is the first time in the past 16 years that the Connecticut Index has risen higher than 60.

Overall Patterns

After many years of scoring in the 40s and 50s, the Connecticut Index has finally come within a few points of the level it attained in 1970. The best year was 1973, when the Index reached 73. The worst year was 1994, with a score of 41. Over this thirty-one year period, five of the eleven indicators grew worse and six improved. Those worsening were:

- Child Abuse
- Youth Suicide
- Health Care Costs
- Violent Crime
- Income Variation

The indicators that improved were:

- Infant Mortality
- High School Dropouts
- Teenage Births
- Unemployment
- Average Wages
- Affordable Housing.

Connecticut has made impressive progress in recent years. Although the rate of improvement has varied from year to year, the state’s total gain since 1990 is nineteen points, a very positive achievement. Yet it is important to note that during a period when the state’s economy soared to unprecedented heights, its social health simply managed to regain the level that was attained in the 1970s. Hopefully, Connecticut can do still better in the years ahead, and establish new records for the level of social health in the state.

Comparison Over the Decades

A comparison of the social health of Connecticut in the decades of the 1970s, 1980s, and 1990s with the state’s performance in 2000 illustrates the course of recent trends.

<i>Decade</i>	<i>Mean Index</i>	<i>Highest Index</i>	<i>Lowest Index</i>
1970-1979	62	73	52
1980-1989	56	63	45
1990-1999	47	60	41
Performance in 2000:	63		

During most of the past 31 years, as the chart above makes clear, Connecticut’s performance levels have shown a pattern of decade-by-decade decline. The average for the 1990s was nine points below that of the 1980s and fifteen points below that of the 1970s. In addition, the worst score for the 1990s was lower than for either the 1970s or the 1980s, while the 1990s’ best score—the 60 achieved in 1999—failed to reach the levels attained in either the 1970s or the 1980s. Recent trends have been more hopeful, however. Scores began to improve during the late 1990s, and the state’s good performance in 2000 marks an auspicious beginning for the new decade.

Different Levels of Social Performance Within the State

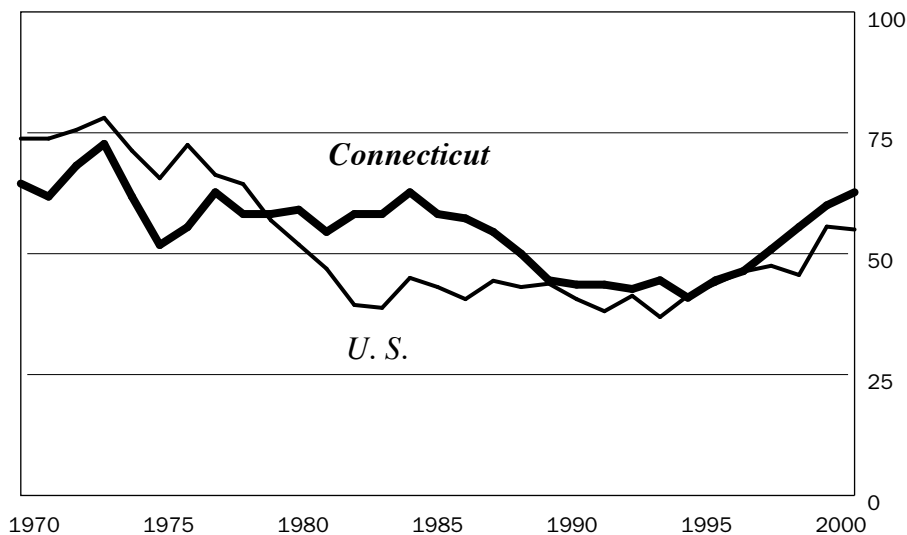
This year *The Social State of Connecticut* includes additional information on patterns of social health in the state's cities and towns. This analysis shows that there is tremendous diversity in the social performance of the different localities. For example:

- High school dropout rates are generally much higher in the cities. Dropout rates in New London, Hartford, and Bridgeport are more than three times the state average. Yet it is worth noting that a few urban districts, such as Waterbury and New Haven, have rates that are only slightly above the state average.
- The infant mortality rates in East Haven, New London, and Bridgeport are more than double the statewide rate, while dozens of communities have infant mortality rates of zero.
- The median annual household income in Darien and Weston is more than \$146,000, far above the state median of \$53,935. In Hartford (\$24,820), East Brooklyn (\$25,813), and Storrs (\$26,371), median household income is less than half of the state median.
- This year, as in the past, unemployment rates in urban areas are generally two or three times higher than the levels in rural and suburban areas. However, in 2000 every single Connecticut community had an unemployment rate below 5 percent.
- Four towns in Litchfield county — Canaan, Cornwall, Salisbury, and Sharon — have Lyme Disease rates that are more than ten times the state average. In contrast, eight towns — including six in Hartford county — have Lyme Disease rates that are less than one-tenth the statewide rate.

National Comparison

The Connecticut Index and the Fordham Institute's national Index of Social Health cannot be compared precisely because some of the indicators are different. However, certain patterns are clearly identifiable.

Index of Social Health, Connecticut and the United States, 1970-2000



Source: Fordham Institute for Innovation in Social Policy

In 1970, the Index scores of Connecticut and the nation stood within a few points of each other. During the years 1978-82, the social health of the nation declined 23 points, while Connecticut's remained fairly stable. Then, beginning in 1985, Connecticut experienced the same kind of decline that had hit the nation earlier. By the 1990s, the state Index and the national Index were back on similar paths. This year, the national Index declined slightly while Connecticut's showed a moderate rise. It will be enlightening to track the relationship between these two Indexes in the years ahead.

Conclusion

The rising trend in Connecticut's level of social health in recent years represents a very positive achievement. The Index has now improved for six consecutive years, the first time this has happened since our analysis began in 1970. The need now is to sustain that trend—a particular challenge as we are experiencing a period of economic uncertainty. Connecticut's 2000 Index score of 63 out of a possible 100 shows there is still room for improvement. It is hoped that the gains of recent years will be sustained and extended in the decade ahead.

Part III

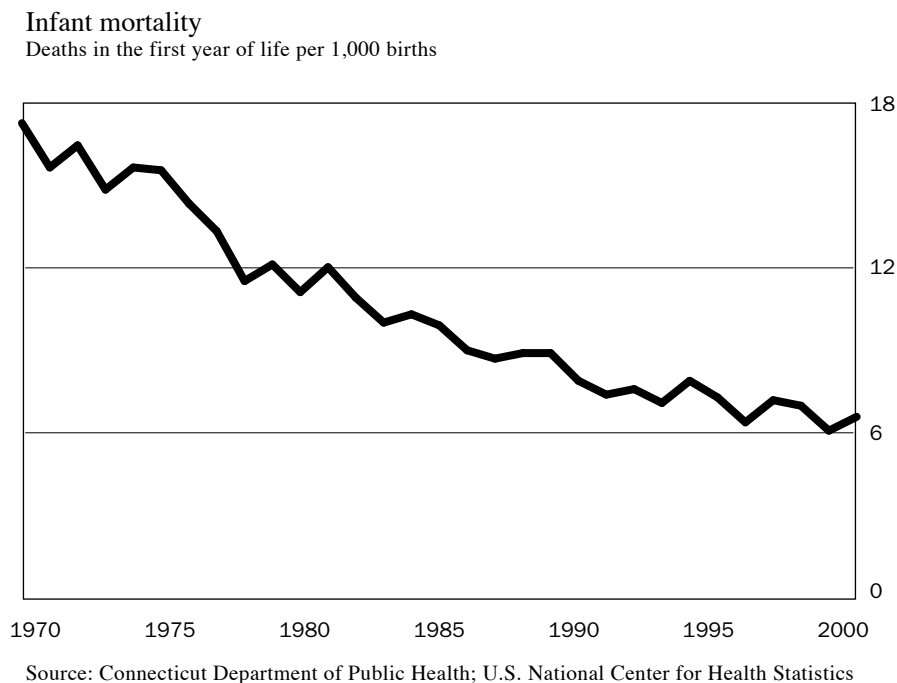
A Closer Look

A Social Profile of Connecticut

The eleven indicators of the index
in greater detail
with a presentation of
important social conditions
related to each

Infant Mortality

- Connecticut has shown substantial improvement in its infant mortality rate since 1970.
- In 2000, the Connecticut infant mortality rate was 6.6 infant deaths per 1,000 live births, worse than last year's rate of 6.1.
- While infant mortality among whites improved in 2000, the black infant mortality rate worsened substantially.



The infant mortality rate, the number of infant deaths in the first year of life for each thousand live births, has improved substantially over time in Connecticut. Advances in respiratory care, prenatal care, and early intervention have permitted more infants to survive during their first critical year.

Connecticut's infant mortality rate has improved from a high of 17.2 deaths per 1,000 live births in 1970 to 6.6 deaths in 2000. This year's infant mortality rate is worse than last year's best-on-record rate of 6.1 deaths per 1,000, but is the third lowest infant mortality rate in the state since 1970. Connecticut's 2000 infant

mortality rate is better than the national rate of 6.9 death per thousand live births; Connecticut ranks 18th among the 50 states in infant mortality.

The infant mortality rate is significantly higher among blacks than among whites. In 2000, the infant mortality rate for babies born to white mothers was 5.6 deaths per 1,000, down from 5.7 last year. Among black mothers, infant mortality was more than double the white rate, at 14.4 deaths per 1,000. While infant mortality among whites declined slightly this year, the black infant mortality rate worsened substantially, with a 36 percent increase from the 1999 record-low rate of 10.6.

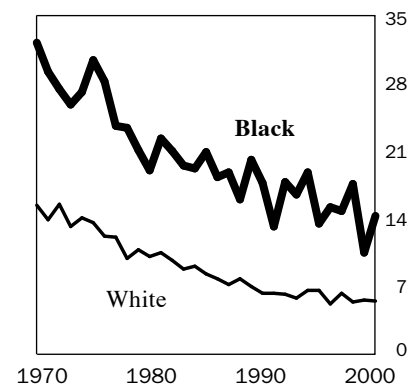
The proportion of low birthweight infants, those less than 5 pounds 8 ounces, improved this year to 7.4 percent, down from 7.6 percent in 1999. This represents the second consecutive year of improvement on this measure, following four years of worsening between 1995 and 1998. Despite this improvement, the proportion of low birthweight infants was still 7 percent worse than the 1994 rate.

Racial and ethnic disparities show up in low birthweight infants as well. Among white infants, 6.8 percent were born under 5 pounds 8 ounces, equal to the 1999 rate. Among both Hispanics and Blacks, the proportion of low birthweight infants improved in 2000. Among Hispanics, 8.6 percent of newborns were low birthweight, better than the 1999 rate of 9.1 percent. Among blacks, the figure was 12.0 percent, better than the 1999 rate of 13.1 percent. These racial disparities in low birthweight infants are persistent, but the disparities decreased moderately in 2000.

The provision of timely prenatal care continues to improve. In 2000, 1.9 percent of infants in Connecticut were born to mothers who received late or no prenatal care, better than the 3 percent in 1998. Among white mothers, 1.7 percent received late or no prenatal care, compared with 3.6 percent of black mothers and 3.9 percent of Hispanic mothers.

Connecticut has shown progress in the survival of infants over the past three decades. The infant mortality rate throughout the 1990s was consistently better than in previous decades. Although the infant mortality rate worsened this year, it is still the third best on record in Connecticut since 1970. Still, significant racial and ethnic disparities remain, and this year the gap between white and black infant mortality increased substantially. The persistent disparities in infant mortality, in the proportion of low birthweight infants, and in late prenatal care indicate that the benefits of improved maternal and infant health care continue to be distributed unequally. The state faces the continuing challenge of eradicating these long-term inequities in maternal and infant health care.

Infant mortality by race
Deaths in the first year of life per 1,000 live births



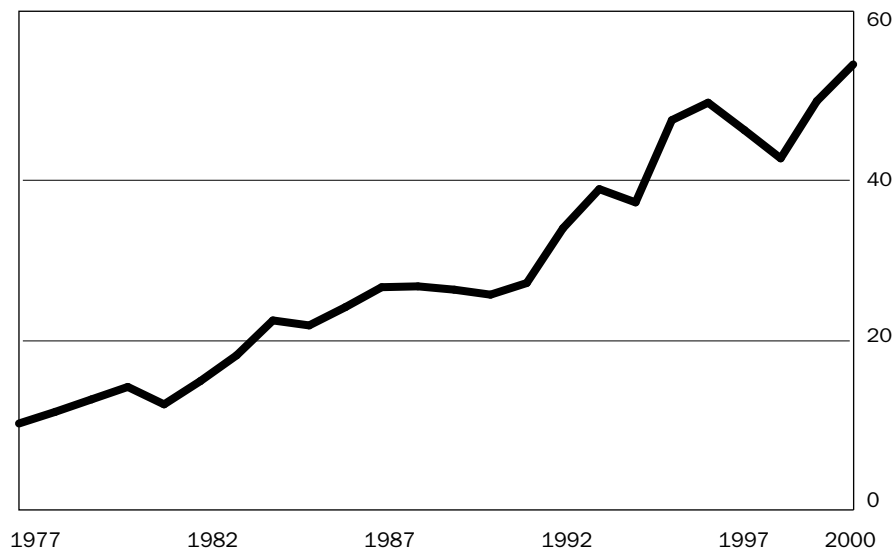
Source: U.S. National Center for Health Statistics;
Connecticut Department of Public Health

Child Abuse

- Child abuse rates have worsened substantially since the 1970s.
- In 2000, more than 53 out of every 1,000 Connecticut children were referred in cases of child abuse, the worst child abuse rate on record in Connecticut.
- There were eight child maltreatment fatalities in 2000, an increase from three such fatalities in 1999.

Child abuse

Children involved in reports of abuse per 1,000 children under 18



Sources: American Humane Association; Connecticut Department of Children and Families; U.S. Department of Health and Human Services, Administration for Children and Families

Child abuse is among the most serious problems facing the nation today. In Connecticut, as in the nation, reports of child abuse increased steadily throughout the 1970s and 1980s. Since 1990, reports of child abuse have increased by 107 percent in Connecticut, with the steepest increases coming between 1994 and 1996. This year the state's child abuse rate increased again, making 2000 the worst year on record.

In 2000, the child abuse rate in Connecticut worsened for the second consecutive year, surpassing last year's worst-on-record rate. In 2000, 42,725 children

were referred in cases of child abuse, an increase of more than 2,000 from the previous year. The rate of 53.6 reports per 1,000 children under 18 is 9 percent worse than last year’s rate of 49.2. “Neglect” was the most common form of child maltreatment, a reason for 60 percent of substantiated child protection reports. Thirty-four percent of reports cited “psychological maltreatment.” “Physical abuse” was cited in 15 percent of reports, while “sexual abuse” and “medical neglect” were each cited in 4 percent of reports. A total of 1,183 children were removed from their homes as a result of child abuse or neglect reports in 2000. Among the 33 states providing data on child maltreatment recurrence, Connecticut’s recurrence rate of 11.4 percent ranked 27th.

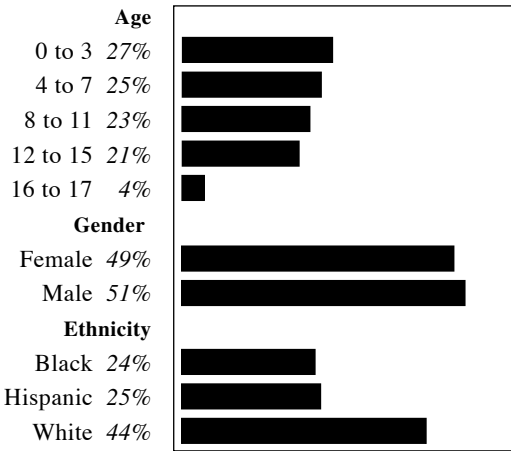
Following a national pattern, the highest number of abuse cases in 2000 occurred among the youngest children. Twenty-seven percent of child abuse victims were age three and under, and another 25 percent were children between four and seven. Fifty-one percent of the victims were male and 49 percent were female. By race, 44 percent of child maltreatment victims were white, 25 percent were Hispanic, and 24 percent were black.

The number of deaths from child abuse has remained relatively low over time, but even a few cases are tragic. In 2000 there were eight fatalities in Connecticut attributed to child maltreatment, an increase from three child maltreatment fatalities in 1999.

Child abuse generally occurs within families. Parents were the perpetrators in 84 percent of the child abuse cases in Connecticut in 2000. Other relatives were the perpetrators in 4 percent of cases, foster parents were the perpetrators in another 2 percent of cases, and unmarried partners of a parent were perpetrators in 6 percent of cases.

Child abuse can be prevented with intervention, education, and child protective services. Data from 2000, showing the worst child abuse rate on record, indicate that child abuse in Connecticut is a persistent social problem that requires continuing attention. Citizens, child protection workers, and policy makers must work to develop effective strategies for responding to the high rates of child abuse in the state.

Child abuse victims by age, gender, and ethnicity
Percent of substantiated cases in 2000

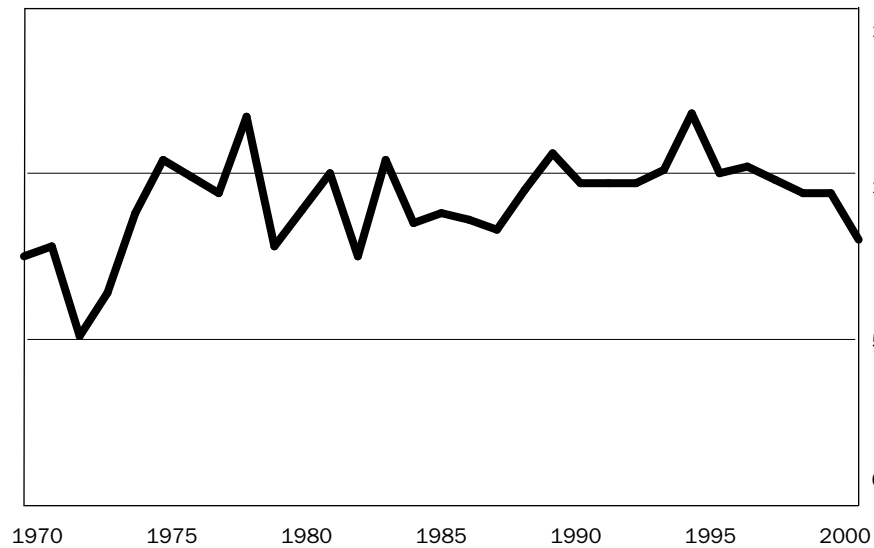


U.S. Department of Health and Human Services,
Administration for Children and Families

Youth Suicide

- The suicide rate among young people, ages 15-24, has fluctuated for the past three decades. In 2000, the youth suicide rate was slightly higher than the 1970 rate.
- The 2000 youth suicide rate in Connecticut of 8.0 deaths per 100,000 is the lowest since 1982.
- In Connecticut, as in the nation, white males have the highest rates of youth suicide.

Youth Suicide
Per 100,000 population, ages 15-24



Sources: U.S. National Center for Health Statistics; Connecticut Department of Health; U.S. Bureau of the Census.

Suicide rates among the nation's youth increased throughout the 1970s and remained high in the 1980s. Over the past several years, national youth suicide rates stabilized and have begun to drop.

In Connecticut, the youth suicide rate has increased since 1970, when the rate was 7.5 deaths per 100,000. The worst year on record was 1994, when the suicide rate was 11.8 deaths per 100,000. In 2000, the suicide rate among young people ages 15 to 24 stood at 8.0 deaths per 100,000, an improvement over the

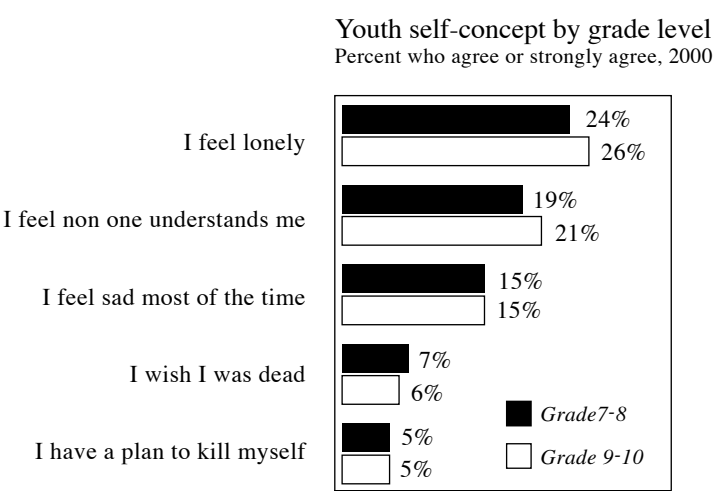
1998 rate of 9.4 deaths per 100,000. Connecticut’s 2000 youth suicide rate was the best on record since 1982.

The youth suicide rate can be broken down into two age groups, those 15-19 and those 20-24. The 15-19 year old rate rose sharply in the 1970’s and 1980’s, but leveled off in the 1990s. In 2000, the suicide rate among 15 to 19 year olds was 5.7 deaths per 100,000, a substantial decrease from the 1998 rate of 9.2. Among 20 to 24 year olds, the suicide rate increased to 10.7 deaths per 100,000, higher than the 1998 rate of 9.6.

An aspect of youth suicide that has remained consistent for several years is the difference between male and female youth suicide rates. Males routinely constitute the highest number and proportion of suicides, both nationally and in Connecticut. In 2000, there were a total of 31 suicides among Connecticut youth, ages 15-24. Among 15 to 19 year olds, males accounted for 75 percent of suicide deaths (9 out of 12); among those 20 to 24 years old, 95 percent of the suicide deaths were male (18 out of 19).

Among those at high risk for suicide are those youth who feel depressed and think about suicide. A 2000 survey of high school and middle school students in Connecticut, conducted by the Governor’s Prevention Initiative for Youth, found that one quarter of 7th to 10th graders said they feel lonely and one-fifth of students felt that no one understood them. Smaller percentages said that they wished they were dead or indicated that they had a plan to kill themselves. While these numbers are comparatively small, the five percent of students who say they have a plan to kill themselves should be cause for continuing vigilance.

The youth suicide rate in Connecticut improved in 2000, but youth suicide remains a serious challenge that requires the attention of the state’s resources. Various policy approaches can be used to address the problem of youth suicide, including the further development of hot lines, school prevention programs, counseling, social services, and the current Prevention Initiative for Youth. In addition, parents, educators, police, and medical personnel can be more fully educated about the problem and the necessary preventive steps.



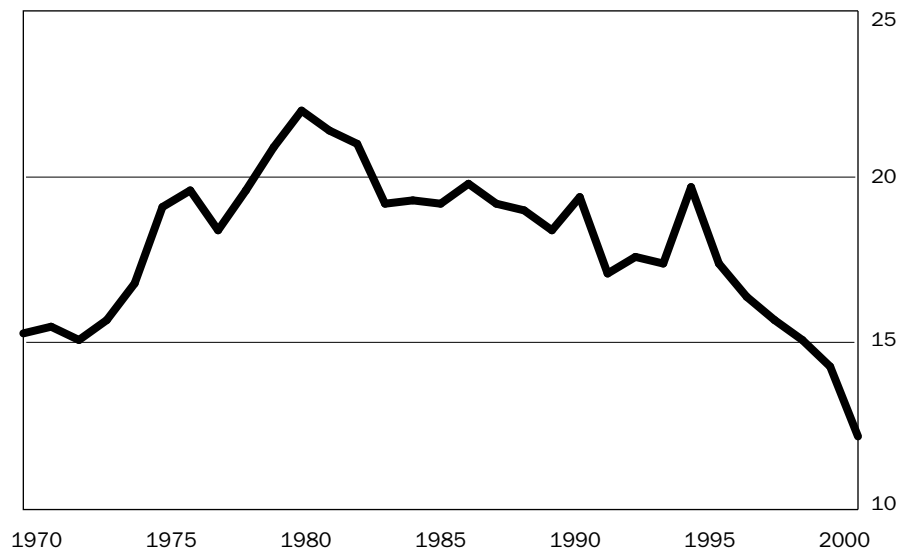
Source: Governor’s Prevention Initiative for Youth Student Survey: State of Connecticut.

High School Dropouts

- In 2000, the high school dropout rate improved to its best on record since 1970.
- For the graduating class of 2000, the cumulative four-year high school dropout rate of 12.2 percent represented the sixth consecutive year of improvement.
- The 2000 annual high school dropout rate among black students was more than double the rate among white students; among Hispanic students, the annual dropout rate was almost four times the white rate.

High school dropouts

Four-year cumulative dropout rate, by graduating class year



Source: Connecticut Department of Education

Connecticut's high school dropout rate is an important indicator of the performance of the state's educational system and the prospects for the next generation. During the 1970s, the high school dropout rate worsened substantially, rising 44 percent between 1970 and 1980. During the 1980s and 1990s, the high school dropout rate improved fairly steadily.

This year, the high school dropout rate in the state improved for the sixth year in a row. In 2000, the four-year cumulative high school dropout rate, which

measures the percentage of students in the graduating class who have dropped out between grades 9 and 12, improved to 12.2 percent. The current rate is better than the 14.3 percent of 1999 and is a 38 percent improvement from the rate of 19.7 percent only six years ago. This year's dropout rate is, by a substantial margin, the best on record in Connecticut since 1970.

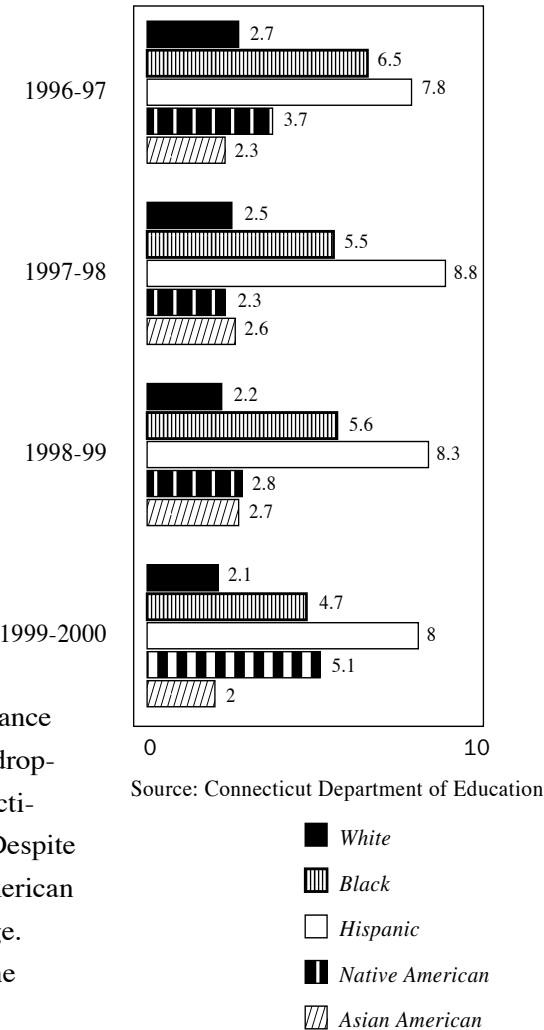
During the 1999-2000 school year, a total of 4,539 students dropped out of high school, 1,600 fewer dropouts than in 1995. As in previous years, the majority of dropouts occurred among students in the first two years of high school; 27 percent of dropouts were in ninth grade and 27 percent were in tenth grade. These continuing high proportions indicate the need for greater prevention efforts with students in the early years of high school.

The high school dropout rate continues to vary substantially by race and ethnicity. While the 1999-2000 statewide annual dropout rate (the percentage of students who drop out in a single school year) was 3.0 percent, the rate among black students, at 4.7 percent, was more than double the 2.1 rate among white students. The 8.0 percent annual dropout rate among Hispanic students in 1999-2000 was almost four times the white rate. The annual dropout rate among Native Americans, at 5.1 percent, was also disproportionately high, while the Asian American dropout rate, at 2.0 percent, was the lowest in the state.

According to data from the U.S. Census Bureau, a total of 7.4 percent of 16-19 year olds in the state are high school drop outs, placing Connecticut 39th among the 50 states. The dropout rate varies substantially by county. In Windham (10.8 percent) and Hartford (8.9 percent) counties the percentage of 16-19 year olds who are high school dropouts is considerably above the state average, while Tolland (3.4 percent), Litchfield (5.4 percent), and Middlesex (5.5 percent) counties are far below the state average on this important measure.

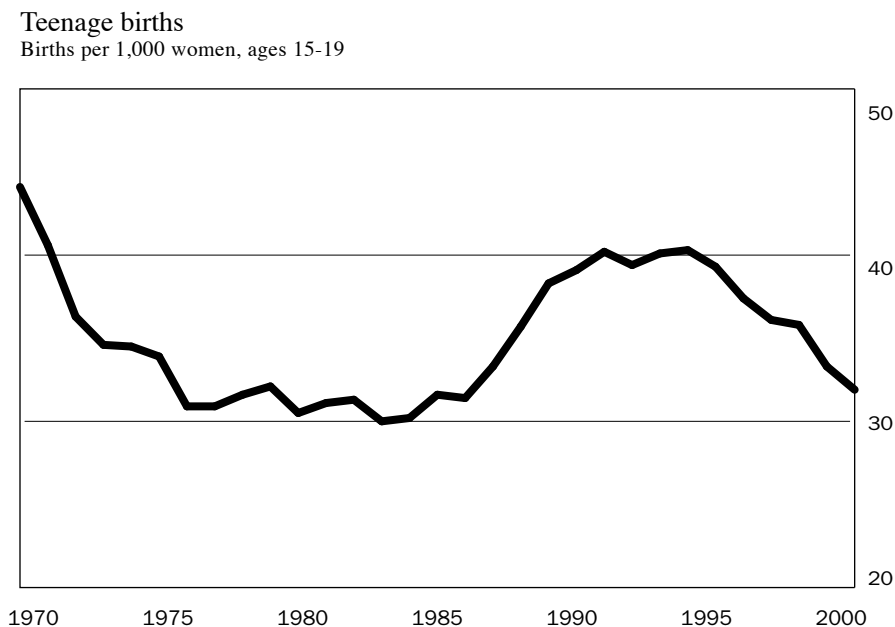
The 2000 data indicate that Connecticut continues its impressive performance in the effort to provide a high school education for its citizens. The 2000 dropout rate, the best performance on record, is a very positive sign for Connecticut's youth. However, large disparities in educational outcomes persist. Despite continuing improvement across the state, black, Hispanic, and Native American students drop out of high school at rates much higher than the state average. These persistent disparities suggest the continuing challenge of serving the educational needs of all of Connecticut's students.

Annual dropout rate by race, 1996-97 to 1999-2000
One-year event rate



Teenage Births

- The teenage birth rate, after falling during the 1970s and rising during the 1980s, leveled off and then declined again during the 1990s.
- In 2000, the birth rate among women, ages 15-19, fell for the sixth year in a row, to 31.9 births per 1,000.
- In 2000, the number of births to women under age 15 rose to 66 from last year's record low number of 50.



Sources: Connecticut Department of Public Health; U.S. Bureau of the Census;
U.S. National Center for Health Statistics

The teenage birth rate, an issue of national concern, has shown substantial improvement in recent years. Connecticut's teenage birth rate has followed the national pattern. While births to teenagers increased dramatically during the late 1980s, in the past decade they leveled off and then began a steady decline.

In 2000, the teenage birth rate in Connecticut improved for the sixth consecutive year, dropping to 31.9 births per 1,000. The 2000 teenage birth rate is the lowest in the state since 1986, but remains higher than the rate in the early 1980s. The

total number of births to women between the ages of 15 and 19 in 1970 was over 5,700; in 2000 there were 3,277 such births. The teenage birth rate in Connecticut has dropped 21 percent since 1991.

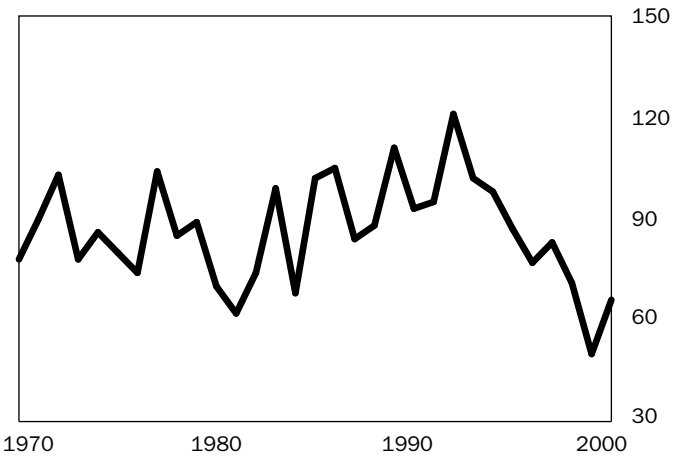
Teenage births, often associated with poverty and the disruption of schooling, can create chaotic situations for young people. School and work plans may be interrupted and the health and well-being of infants born to young mothers may be jeopardized.

Infants born to the youngest mothers, those under fifteen, typically run the greatest risk of physical problems. The number of births to mothers under age fifteen increased in 2000, after dropping to a record-low last year. In 2000, 66 children were born to women under the age of 15, up from 50 the previous year. This increase interrupts the long-term decrease in the number of births to the youngest women, and was only the second increase in the last eight years. Still, the 2000 data represent an improvement of 45 percent in the number of under-fifteen births since the worst-on-record performance in 1992.

The prevalence of teenage births varies substantially by race. Across the state, teenage mothers accounted for 7.7 percent of the births in 2000. Among whites, 6.8 percent of newborns in 2000 had teenage mothers; among blacks the figure was more than twice as high, at 16.6 percent. The percentage of teenage births also varies significantly by county. Windham county (11.2 percent) had the highest percentage of teen births, while the percentage in Middlesex county (3.4 percent) was less than half the state average.

Births to teenagers represent only a small proportion of the total number of births in the state, but they often represent a large cost in medical, financial, and social support. The steady decrease in the number of teenage births is a positive sign, but continuing disparities in teenage birth rates and the increase this year in births to women under age 15 indicate that there remains room for improvement.

Births to women under age 15
Number of births per year



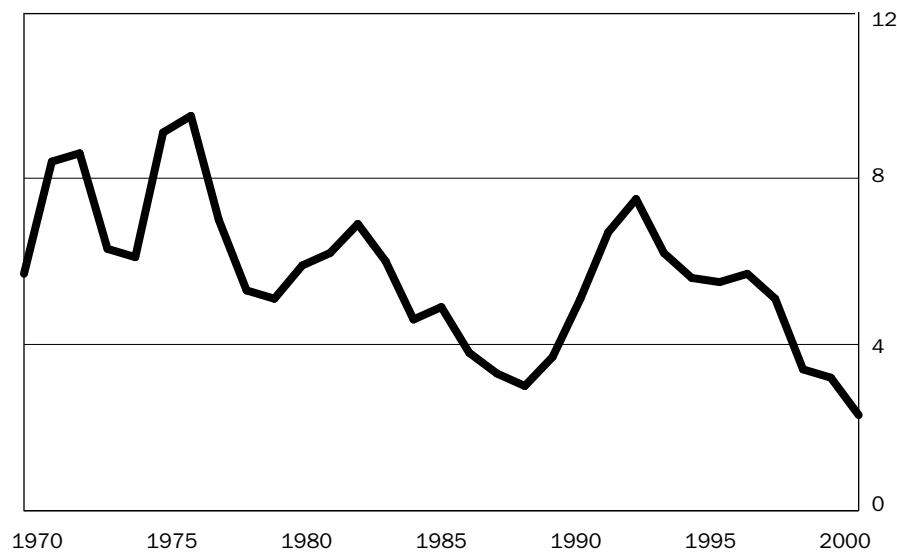
Sources: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Office of Natality Statistics and Reproductive Statistics Branch

Unemployment

- Unemployment rates declined in the 1980s, but increased in the early 1990s. In 2000, the unemployment rate declined for the fourth consecutive year.
- In 2000, the unemployment rate in Connecticut was 2.3 percent, the best on record since 1970.
- Unemployment rates remain disproportionately high among blacks, Hispanics, and young adults.

Unemployment

Unemployed workers as % of civilian labor force



Source: U.S. Department of Labor

The unemployment rate in Connecticut has fluctuated for the past 30 years. Relatively high levels of unemployment in the 1970s gave way to record-low rates in the late 1980s, with unemployment dropping to 3 percent in 1988. During the early-1990s recession, the unemployment rate rose sharply, peaking at 7.5 percent in 1992. In 2000, the unemployment rate improved for the seventh time in the past eight years.

The unemployment rate in 2000 was 2.3 percent, an improvement over last year's rate of 3.2 percent, and the best on record since 1970. The employment

situation improved in Connecticut in 2000 across gender and racial groups. The 2000 unemployment rate for women, at 2.6 percent, was only slightly higher than that of men (2.0 percent).

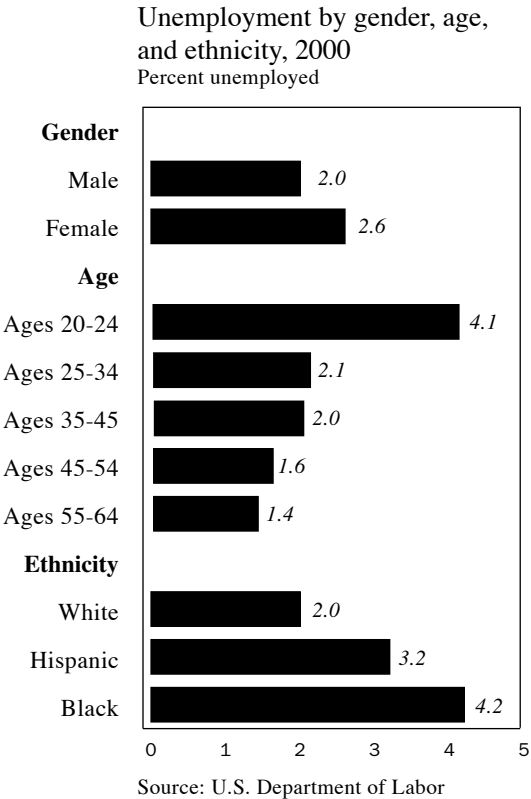
Despite improvement in 2000, unemployment rates among blacks, Hispanics, and young adults remain well above the state average. The black unemployment rate improved from 6.5 percent last year to 4.2 percent in 2000. The Hispanic rate improved from 5.3 last year to 3.2 percent in 2000. For both blacks and Hispanics, the 2000 unemployment rates were a substantial improvement from the high unemployment rates of 1996, when black unemployment stood at 14.4 percent and Hispanic unemployment was 17.3 percent. However, even after this improvement, unemployment rates among blacks and Hispanics are well above the state rate.

Younger workers face the most difficult employment situation. Unemployment rates among workers between the ages of 25 and 65 were lower than the statewide unemployment rate. In contrast, the unemployment rate among workers between 20 and 24 was almost double the state rate, at 4.1 percent.

The prevalence of involuntary part-time work—those doing a part-time job when they preferred to work full-time—worsened slightly this year, increasing from 5 percent in 1999 to 6 percent in 2000, but remained better than the involuntary part-time rate throughout the 1990s.

There were more than 24,000 new jobs created in Connecticut in 2000, an expansion of 1.5 percent. However, job growth was distributed unevenly across the state. Job growth was highest in the Danielson (3.3 percent), Lower River (3.1 percent), and New Haven (1.9 percent) Labor Market Areas. In contrast, the number of jobs declined in the Bridgeport (-0.2 percent), Waterbury (-0.7 percent) and Torrington (-2.0 percent) Labor Market Areas.

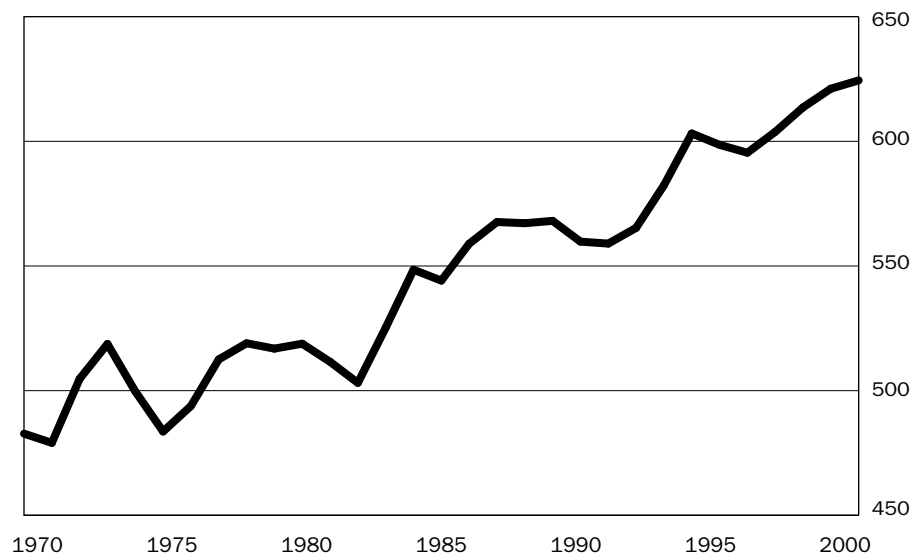
The employment picture in Connecticut improved substantially in 2000. Unemployment fell to record lows, with rates declining across the population—among men and women, whites, blacks, and Hispanics. Still, there continue to be significant disparities in employment opportunities in the state. This year was a positive step in improving employment opportunities for Connecticut’s citizens, but preliminary data indicate that the state faces new economic challenges in the years ahead.



Average Weekly Wages

- After stagnating in the 1970s, wages among production workers increased in the 1980s and 1990s.
- Average weekly wages among factory production workers, measured in constant dollars, improved in 2000 for the fourth consecutive year.
- The service sector continues to increase as a proportion of the state's work force.

Average weekly wages of factory production workers
Thousands of 1996 dollars



Source: Connecticut Department of Labor; U.S. Department of Labor;
Economic Report of the President

One important indicator of the income levels in the state is the average wage of factory production workers. In earlier decades, these workers formed the foundation of the labor force, representing the most typical wages.

This year, the average weekly wages of factory production workers in Connecticut improved for the fourth year in a row. In 2000, the average weekly wage, measured in 1996 constant dollars, was \$624.43, up from \$621.11 the previous year. This year's figure is the highest on record, surpassing the previous high set

last year by more than \$3 per week. The average weekly wages of factory production workers increased 12 percent in real dollars between 1990 and 2000.

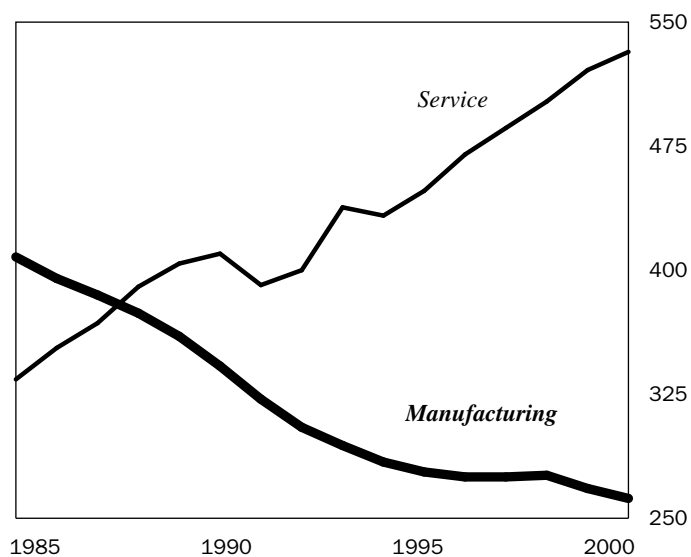
As the state's economy continues to change, the make-up of the state's work force is also changing. Factory production workers, once dominant, represent a continually shrinking segment of the work force. During the 1950s, the majority of jobs were in the manufacturing sector; today, these workers constitute less than 16 percent of the work force, accounting for 262,000 jobs in the state. In the past year, the number of manufacturing jobs in Connecticut declined by more than 5,000.

In contrast, the service sector continues to expand, growing to more than 531,000 jobs in Connecticut; service sector employment now accounts for 32 percent of jobs in Connecticut. The number of service jobs surpassed the number of jobs in manufacturing during the late 1980s and has continued to increase, while the number of manufacturing jobs continues to decline. By 2000, the state hosted 269,000 more jobs in the service sector than in the manufacturing sector.

Wages in the service sector are far lower than in the manufacturing sector, and the wage gap is increasing. In 2000, service workers received wages that were only 64 percent of those of manufacturing jobs. In addition, many jobs in the service sector provide limited or no employee benefits, and part-time or temporary work is far more common.

The continuing increase in factory production wages makes a significant contribution to the social health of Connecticut. As the state's economy changes, job opportunities and their associated skills and training are also changing. With service jobs growing and manufacturing jobs declining, policy makers, employers, and workers face the continuing challenge of navigating the changing employment landscape.

Manufacturing and service employment
Number of jobs in thous



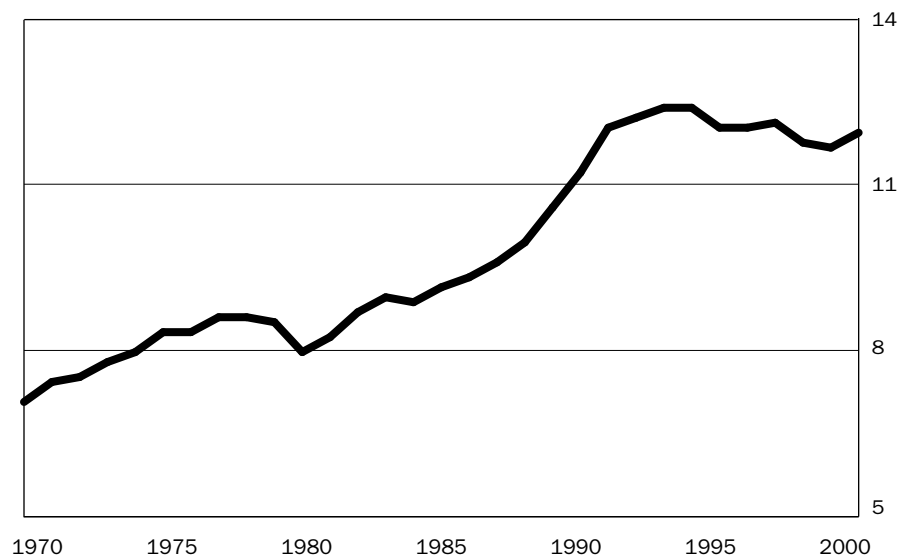
Source: Connecticut Department of Labor

Health Care Costs

- The proportion of personal income spent on health care increased during the 1970s and 1980s, but leveled off in the 1990s.
- The proportion of personal income spent on health in 2000 was 12.7 percent, an increase for the first time in three years.
- The percentage of the state's population without health insurance decreased in 2000 to 9.3 percent, down from 11.3 percent the previous year.

Health costs and income

Estimated expenditure for personal health care as % of per capita personal income



Sources: U.S. Health Care Financing Administration; U.S. Department of Commerce

Concerns over cost and access to health care have been increasing nationwide, as citizens face an expensive and often difficult-to-access health care system. In Connecticut, both of these problems have worsened since the 1970s.

As a share of personal income, expenditures for personal health care increased steadily between 1970 and 1993. They rose from 7.3 percent in 1970 to a high of 13.2 percent in 1993, an 81 percent increase. In 2000, health costs increased

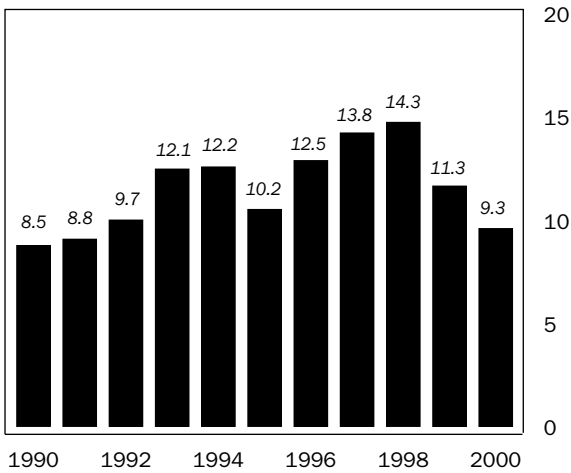
for the first time in three years, growing from a decade-low 12.4 percent in 1999 to 12.7 percent of personal income this year. In 2000, the health care burden in Connecticut was 53 percent higher than it was in 1980.

In addition to health costs, Connecticut’s citizens, like other Americans, face the issue of access to health care. For those who lack health insurance, appropriate health care may be difficult or impossible to obtain. In Connecticut, the proportion of the population lacking health insurance increased 40 percent between 1995 and 1998, from 10.2 percent to 14.3 percent of its citizens under age 65. This year, for the second year in a row, the percentage of state residents without health insurance decreased, improving to 9.3 percent, the best performance since 1991.

An important contributing factor to health costs and the demand for services is the prevalence of tobacco use in the state. According to the U.S. Centers for Disease Control, 20 percent of Connecticut residents, age 18 and over, smoke cigarettes. Connecticut’s smoking rate is lower than the national rate of 23 percent and a slight improvement from 1995, when 21 percent of residents smoked. However, while fewer Connecticut residents age 25 and over smoked cigarettes in 2000 than in 1995, the 18 to 24 year old population is smoking at a much higher rate. In 2000, 33 percent of 18 to 24 year olds smoked cigarettes, an increase from 20 percent in 1995. The overall decrease in tobacco use is good news for public health in Connecticut, but the rise in cigarette smoking among young adults is cause for concern.

Connecticut’s health care picture, measured by the cost of health care, worsened slightly in 2000, after improving the two previous years. However, health insurance coverage improved again this year, as the uninsured population in the state declined to its lowest level in nine years. 2000 was a mixed year for health care in Connecticut; it will be important to continue to monitor the cost and availability of health care in the state.

Persons under age 65 without health insurance
Percent of population



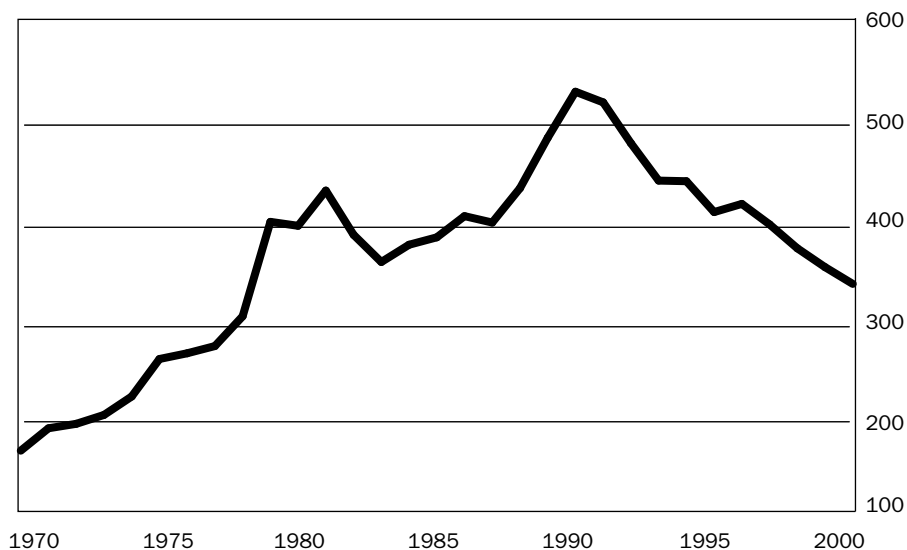
Sources: U.S. Bureau of the Census; Employee Benefit Research Institute

Violent Crimes

- Violent crime in Connecticut increased sharply during the 1970s and again in the late 1980s, but declined throughout the 1990s.
- The rates of murder, rape, robbery, and aggravated assault all decreased in 2000.
- The number of family violence arrest incidents increased by 3 percent in 2000.

Violent crime

Murder, rape, robbery, and assault per 100,000 population



Source: Connecticut Department of Public Safety

For much of the 1990s, violent crime has been decreasing across the nation. Crime in the state of Connecticut has followed a similar pattern. The violent crime rate in Connecticut—which includes the offenses of murder, rape, robbery, and aggravated assault—has declined consistently over the past decade.

In 2000, for the ninth time in the past ten years, the rate of violent crime in Connecticut improved. For the second year in a row, the rate of murder, rape, robbery, and aggravated assault all declined. Overall, the 2000 rate of 330.6 violent crimes per 100,000 population was the lowest in Connecticut since 1978 and represents an improvement of 37 percent since 1990.

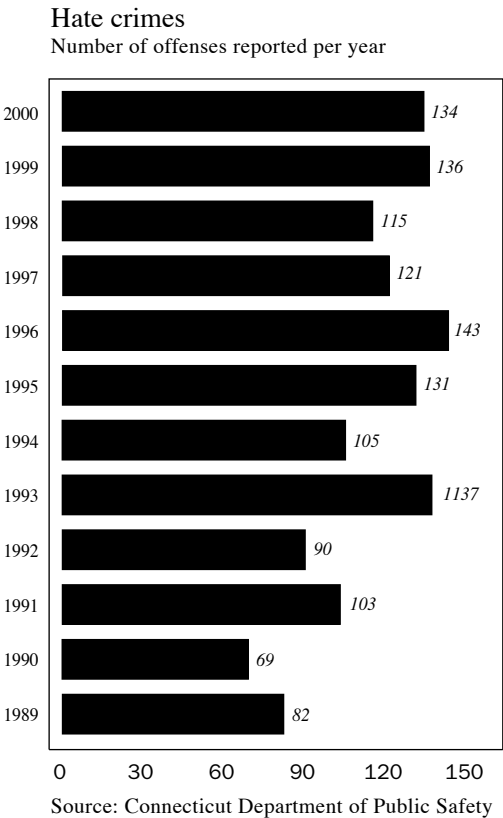
The violent crime rate varies significantly by county. Four of Connecticut’s counties had violent crime rates above the state average — Hartford, with a rate of 377.5 violent crimes per 100,000, New Haven (372.8) Windham (370.3) and Fairfield (358.6). In contrast, Tolland (123.9), Middlesex (132.8) and Litchfield (134.5) counties each had violent crime rates that were less than half the state rate.

In 2000, the number of murders in the state of Connecticut declined to 98 from 107 murders in 1999, the lowest since 1976 and an improvement of 55 percent from the record-high 216 murders in 1994. Young people continue to account for a disproportionate number of murder victims and perpetrators. Almost half, 49 percent, of murder victims in 2000 were under the age of 30. And more than 60 percent of those arrested for murder in 2000 were between 15 and 29 years old.

Hate crimes, those motivated by bias in reference to race, religion, ethnicity or sexual orientation, increased for much of the 1990s, but decreased between 1996 and 1998. After increasing 18 percent to 136 last year, the number of hate crimes declined slightly in 2000 to 134. The majority of hate crimes, 61 percent, were motivated by racial bias, with 51 percent (68 incidents) classified as anti-black. An additional 19 percent of hate crimes were motivated by religious bias, with about half (14 incidents) classified as anti-Jewish, and 10 percent of hate crimes (14 incidents) were motivated by sexual orientation.

The number of family violence incidents increased three percent in 2000, with 19,536 incidents of family violence in which at least one person was arrested, 588 more incidents than the previous year. There were 25 family violence homicides in 2000, representing one-quarter of the homicides in the state. More than one-quarter of the victims in these family violence homicides, 28 percent, were either younger than age 10 or over age 60.

The continuing decline in all forms of violent crime over the past decade contributes to a higher quality of life in Connecticut. Despite this substantial improvement in violent crime, the fact that the current rate remains well above the rates of the early 1970s suggests that there is room for further improvement.

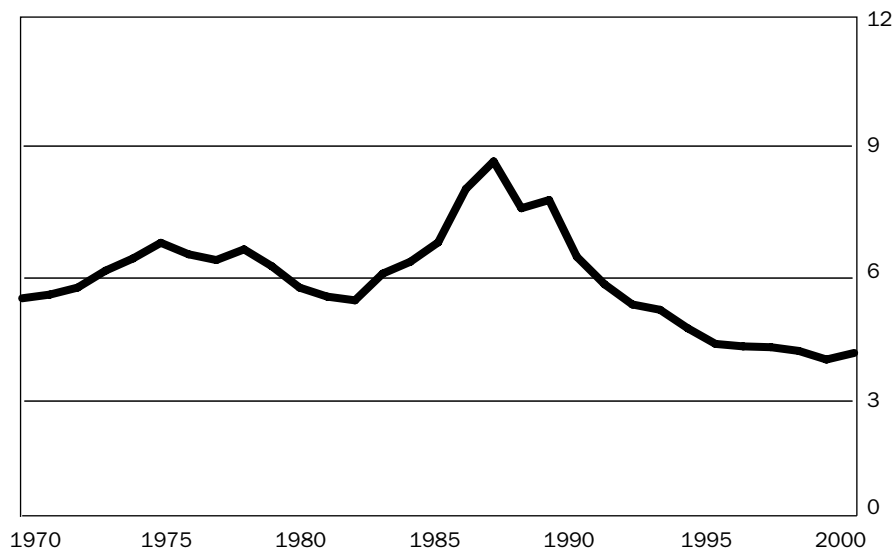


Affordable Housing

- After rising sharply in the 1980s, the cost of single family housing in Connecticut declined throughout the 1990s.
- In 2000, a single family home cost 3.83 times the state per capita personal income, an increase from last year's record low.
- Connecticut is among the most expensive states for those seeking rental housing.

Housing costs in relation to income

Estimated median sale price, single family home, as a multiple of per capita personal income



Sources: Commercial Record; U.S. Department of Commerce

The affordability of housing is an issue with serious and far-reaching implications. When housing costs are disproportionately high, residents often have to sacrifice other needs to pay their rent or mortgage. In the worst cases, people may have to make very difficult decisions among food, housing, and health care. Rising housing costs can pose a challenge for many families, who often struggle to balance the cost of housing with the cost of transportation, childcare, and other necessary household items.

In Connecticut, single-family homes have become increasingly affordable since the most expensive years of the mid-1980s. Although housing prices have con-

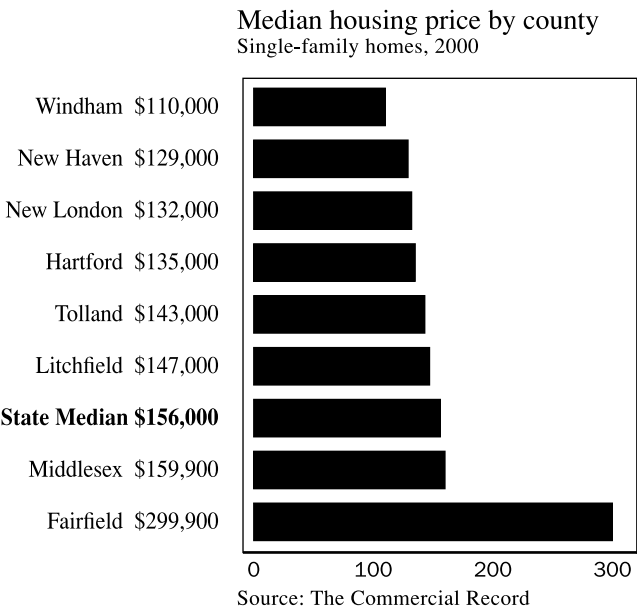
tinued to rise, per capita income has risen faster thus making housing costs more manageable. In 1987, the average single family home cost more than eight times the per capita personal income in the state. Throughout the 1990s, the relative cost of a single family home dropped consistently. Last year, the housing-cost burden improved for the tenth consecutive year, to the lowest level on record since 1970. In 2000, the housing burden worsened for the first time in 11 years, rising a small amount to 3.83. Despite this increase, the housing burden in 2000 is 55 percent lower than in 1987, the least affordable year.

The cost of a home varies by location. In Fairfield County, the median selling price continues to climb, and by 2000 was \$299,900, almost double the state median price of \$156,900. Middlesex county, at \$159,900, was the only other county with a median sales prices above the state median. Every other Connecticut county had prices below the state median, ranging from \$110,000 in Windham County to \$147,000 in Litchfield County.

Although Connecticut’s single family homes have become more affordable, rental housing continues to be unaffordable for many of the state’s residents. One recent study found that Connecticut has the 6th most expensive rental market among the 50 states. According to the National Low Income Housing Coalition, rental housing in Stamford-Norwalk is the third least affordable of any metropolitan area in the United States.

The fair market monthly rent for a one-bedroom apartment in Connecticut in 2000 was \$687 and a two-bedroom apartment was \$856, both significant increases from last year. Forty-one percent of Connecticut’s renters paid more than 30 percent of their income for rent. In order to afford a two-bedroom apartment at the fair market rent, a full-time worker in Connecticut would have to earn \$16.45 per hour. A minimum wage worker would have to work 103 hours per week to be able to afford a two-bedroom apartment in Connecticut.

Despite a small increase in the cost of single family homes in 2000, the long-term improvement in the affordability of single family homes in Connecticut contributes to the quality of life in the state. Although housing became more affordable for potential home buyers during the past decade, the rental housing market continues to be among the most expensive in the nation, leaving a substantial portion of the population struggling to afford adequate rental housing.

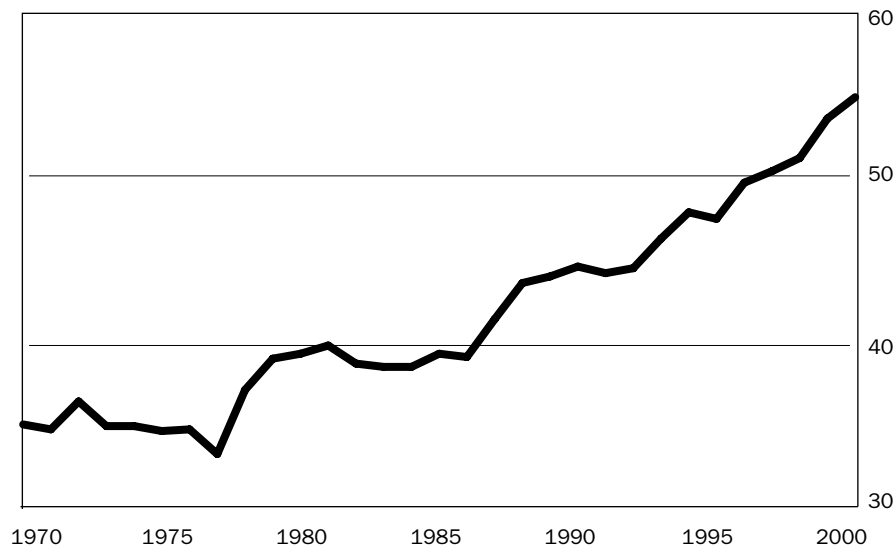


Income Variation

- Disparities in income in Connecticut continue to grow.
- In 2000 the distance between the income of the highest income county and the lowest income county increased for the fifth consecutive year and is the greatest on record since 1970.
- The state's population living below the poverty level increased in 2000 to 7.6 percent.

Income variation

Percentage of difference between highest income county and lowest income county



Source: U.S. Department of Commerce

Increasing inequality, the growing gap between the rich and the poor, is a continuing national phenomenon. Throughout the 1990s, the incomes of the wealthiest households rose sharply, while the incomes of the least well-off households stagnated or declined.

In Connecticut, inequality, measured as the percentage difference in per capita income between the richest county in the state and the poorest county, has grown dramatically over the past decade. In 2000, the gap increased for the eighth time in the last nine years, making the distance between the richest and the poorest

counties the widest on record since 1970. Income inequality grew by 2.4 percent this year and has worsened by 57 percent since 1970.

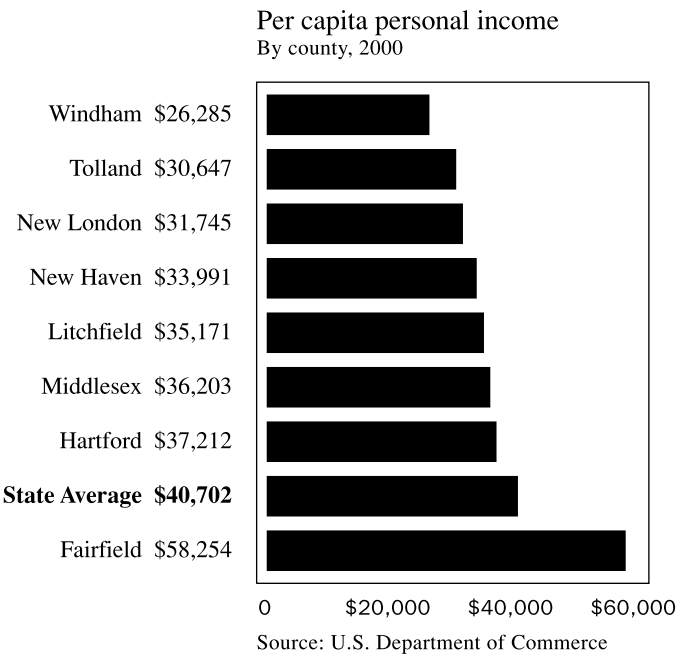
For the fifth consecutive year, income inequality in Connecticut reached its highest level on record. And for the fourth year in a row, the per capita income of the poorest county was less than half the per capita income of the richest county. The richest county in the state, Fairfield, has had the highest per capita personal income over time. In 2000, the lowest income county, Windham, had a per capita personal income that was 45.1 percent of Fairfield's, down from 46.4 percent the previous year. This stands in sharp contrast to the 1970s, when Windham's income was nearly two-thirds of Fairfield's.

Fairfield's per capita personal income in 2000, at \$58,254, was significantly higher than the income of any other county in the state. Fairfield was the only county with a per capita personal income above the state average of \$40,702. Hartford County had the next highest per capita income, at \$37,212, while Windham County had the lowest, at \$26,285. This persistent pattern is indicative of the long-term geographic inequality in the state.

In 2000, the poverty rate in Connecticut worsened slightly, increasing to 7.6 percent from 7.1 percent the previous year. The percentage of children under age 18 in poverty also increased in 2000, rising from 8.8 percent in 1999 to 9.2 percent this year. These increasing poverty rates in 2000 represent a change from the previous year, when poverty rates improved.

Between 1997 and 2000, per capita personal income in Connecticut grew by 17.1 percent, but the wealthier counties experienced a much higher rate of income growth than the poorer counties. Fairfield county (21.1 percent) was the only county with income growth higher than the state rate, while the slowest growth was in Windham county (9.3 percent), the lowest income county in the state.

Connecticut's economy has thrived in recent years, with the highest-income communities in the state experiencing marked prosperity. But less wealthy communities have not fared as well. Inequality in Connecticut worsened again this year, as the gap between the wealthiest and the poorest counties continues to grow.



Social Performance in Connecticut: A Summary Look

Current Social Indicators in Historical Context

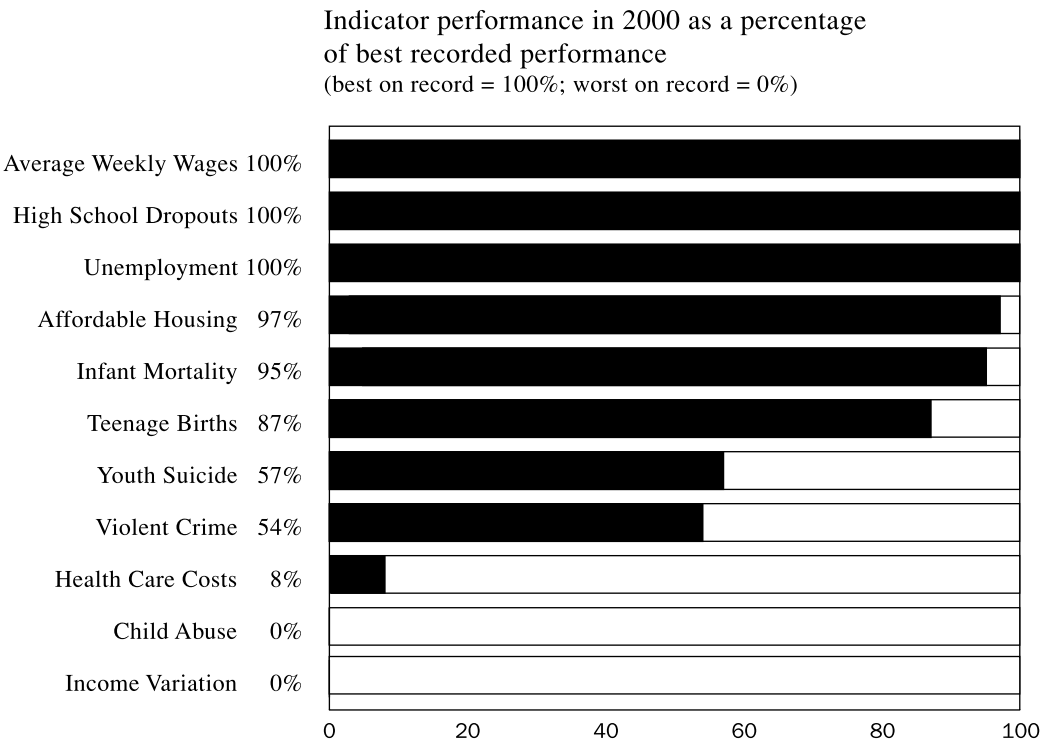
In order to evaluate social health, we need to develop a set of standards against which current social performance can be judged. One useful approach is to compare the current performance of each indicator with its best performance in the past. Using the best-on-record performance as a standard does not necessarily point to where we would want the indicator to be or where our values suggest it should be. But it suggests a reasonable standard for current performance. Past achievement provides a benchmark against which to evaluate current performance and begin to assess future potential.

The following chart provides a graphic illustration of the performance of each of the eleven indicators that comprise the Connecticut Index of Social Health. Looking at the current level of these eleven indicators against their best on record tells us much about how the state is doing and where it is headed. It tells us more than just whether a given indicator is up or down in a given year, but places current performance in relation to the best performance recorded in the past three decades, showing for each indicator where it stands compared to its own best-on-record.

The graph places each indicator's 2000 performance on a continuum between its worst and best recorded levels since 1970. A score of 0 indicates that the 2000 performance is the worst on record; a score of 100 indicates that the 2000 performance is the best on record. This year three of the eleven indicators (average weekly wages, high school dropouts, and unemployment) are at their best-on-record levels, and three other indicators (affordable housing, infant mortality, and teenage births) are near their best-on-record. It is noteworthy that after six consecutive years of improvement, the state's teenage birth rate has now reached 87 percent of its best-on-record (which was achieved in 1983). In these six areas, where the state is making positive strides, Connecticut's current performance can be judged to be impressive.

At the opposite end of the continuum, two indicators (child abuse and income variation) are currently at their worst-on-record levels, and one indicator (health care costs) is near its worst level. Connecticut’s social performance in these three areas can be judged to be rather poor.

Two indicators (violent crime and youth suicide) fall in the middle range, somewhere between the best and the worst on record. It is important to look at where these indicators stand on the performance continuum, for it clarifies the meaning of recent changes. With the violent crime rate improving four years in a row, the state’s current performance on this indicator now represents 54 percent of its best-on-record levels. The youth suicide rate, which improved in three of the past four years, now stands at 57 percent of its best performance. In both cases, performance has improved markedly in the past several years, but there is much room for continued progress. This approach to social performance suggests that we need to pay attention to multi-year trends and be cautious about the way we interpret short-term changes in any single indicator.



Source: Fordham Institute for Innovation in Social Policy

Part IV

Connecticut in Contrast

Connecticut's social health
at the town level

Connecticut in Contrast

Connecticut's social health has improved substantially over the past decade. The 2000 Connecticut Index of Social Health puts it among the six best years on record, matching 1984 and 1977 for the strongest social performance since the best-on-record year of 1973. This impressive social performance in Connecticut in recent years has been the result of the best or near-best performance of five key indicators (affordable housing, average weekly wages, high school dropouts, infant mortality, and unemployment) and the steady improvement in three additional indicators (teenage births, violent crime, youth suicide). Of the 11 indicators that comprise the Connecticut Index, three are persistent laggards: health care costs, child abuse, and income variation.

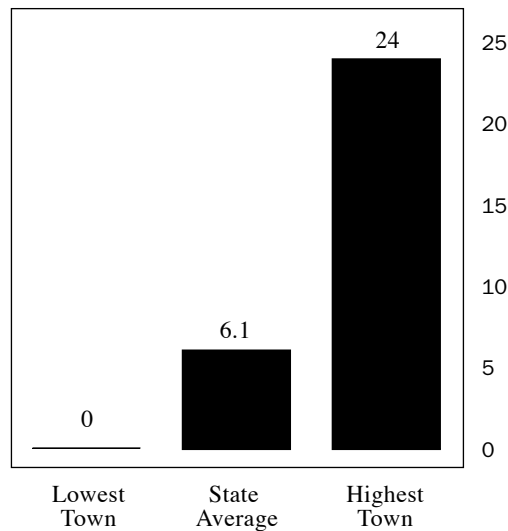
Connecticut's strong social performance this year is good news for state residents. However, the substantial improvement in social health in Connecticut needs to be interpreted with caution. Persistent inequalities in the state mean that there is often great disparity in social performance from one community to the next. Even amidst improving state averages, Connecticut is full of contrast, with both great success and enduring social problems.

This special section of *The Social State of Connecticut 2002*, "Connecticut in Contrast," looks at Connecticut's social health at the town level, highlighting the best and worst performing Connecticut towns on eleven key social indicators.

Connecticut in Contrast

Infant Mortality

Infant mortality in Connecticut's towns
Deaths in the first year of life per 1000 live births



Source: (1999) Connecticut Department of Public Health

In 1999, the last year for which town level data are available, the statewide infant mortality rate in Connecticut was 6.1 deaths per 1,000 live births. Eight Connecticut towns had infant mortality rates above the state rate; East Haven's 24.0 per 1,000 live births was the highest in the state. In contrast, there were 14 towns with at least 150 live births in 1999 and an infant mortality rate of 0.

Connecticut in Contrast

Highest Infant Mortality Rate

<i>Town</i>	<i>County</i>	<i>Infant Mortality Rate</i>
East Haven	New Haven	24.0
New London	New London	15.0
Bridgeport	Fairfield	12.9
East Hartford	Hartford	12.2
New Britain	Hartford	11.2
Hartford	Hartford	9.3
Meriden	New Haven	9.0
Waterbury	New Haven	8.5
Connecticut (statewide)		6.1

Lowest Infant Mortality Rate

minimum of 150 live births

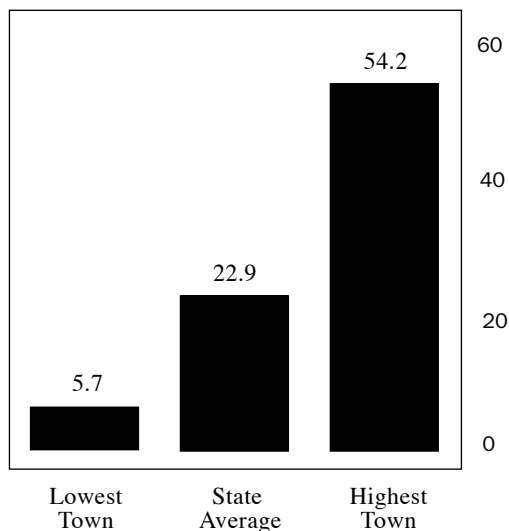
<i>Town</i>	<i>County</i>	<i>Infant Mortality Rate</i>
Avon	Hartford	0
Berlin	Hartford	0
Bethel	Fairfield	0
Brookfield	Fairfield	0
Clinton	Middlesex	0
Ellington	Tolland	0
Madison	New Haven	0
Monroe	Fairfield	0
Ridgefield	Fairfield	0
Seymour	New Haven	0
Simsbury	Hartford	0
Stonington	New London	0
Waterford	New London	0
Windham	Windham	0

Source (1999): Connecticut Department of Public Health

Connecticut in Contrast

Children in Single-Parent Households

Children in Single-Parent Households
in Connecticut's towns
Percent of all households



Source: (2000) Kids Count, based on U.S. Census Bureau data

In 2000, almost one-quarter (22.9 percent) of Connecticut's children lived in single-parent households. Such single-parent households are far more likely than two-parent households to face economic difficulties and often have fewer resources to respond to community problems. Those communities with high rates of children in single-parent households—as high as 54.2 percent in Hartford—include Connecticut's larger cities. In contrast, in many communities fewer than 10 percent of children live in single-parent households.

Connecticut in Contrast

Highest Percentage of Children Living in Single-Parent Households

<i>Town</i>	<i>County</i>	<i>% children in single-parent households</i>
Hartford	Hartford	54.2
New Haven	New Haven	49.0
New London	New London	44.6
Bridgeport	Fairfield	42.2
New Britain	Hartford	42.1
Waterbury	New Haven	40.7
Windham	Windham	38.3
East Hartford	Hartford	37.5
Norwich	New London	35.5
Meriden	New Haven	32.8
Connecticut (statewide)		22.9

Lowest Percentage of Children Living in Single-Parent Households

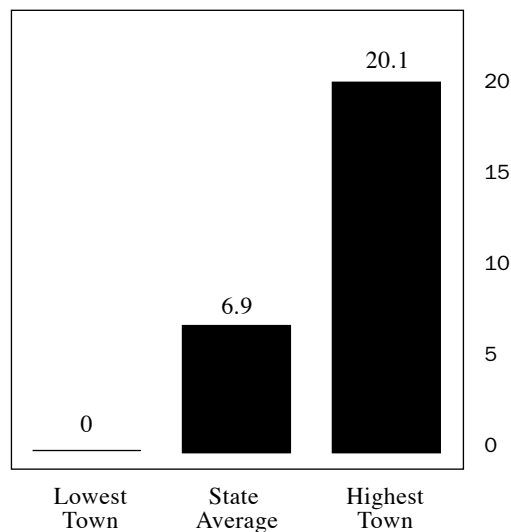
<i>Town</i>	<i>County</i>	<i>% children in single-parent households</i>
Monroe	Fairfield	5.7
Darien	Fairfield	5.8
Killingworth	Middlesex	6.1
Easton	Fairfield	6.5
Wilton	Fairfield	6.7
New Fairfield	Fairfield	6.8
Weston	Fairfield	7.2
Newtown	Fairfield	7.3
New Canaan	Fairfield	7.5
Ridgefield	Fairfield	7.5

Source (2000): Kids Count, based on U.S. Census Bureau data

Connecticut in Contrast

Youth Not Working and Not in School

Youth not working and not in school
in Connecticut's towns
Percent of 16 to 19 year olds



Source (2000) Kids Count, based on U.S. Census Bureau data

An important indicator of the social conditions for youth in a community is the percentage of teenagers who are neither in school nor working. Young people who do not work or attend school are often the most vulnerable and face uncertain futures. Across the state, fewer than 7 percent of 16 to 19 year olds are both unemployed and not attending school, but there are sharp differences from town to town. One-fifth of Hartford's 16 to 19 year old population is neither working nor attending school. In contrast, there are 30 Connecticut towns, representing all eight counties in the state, where there are no 16 to 19 year olds who are both unemployed and not in school.

Connecticut in Contrast

Highest Percentage of 16 to 19 Year Olds Not in School and Not Working

<i>Town</i>	<i>County</i>	<i>Age 16-19, % not in school/not working</i>
Hartford	Hartford	20.1
Lebanon	New London	17.4
Sharon	Litchfield	17.2
Montville	New London	16.7
Chaplin	Windham	15.1
Somers	Tolland	14.9
Bridgeport	Fairfield	14.4
Sprague	New London	14.2
Waterbury	New Haven	13.2
Litchfield	Litchfield	11.2

Connecticut (statewide) 6.9

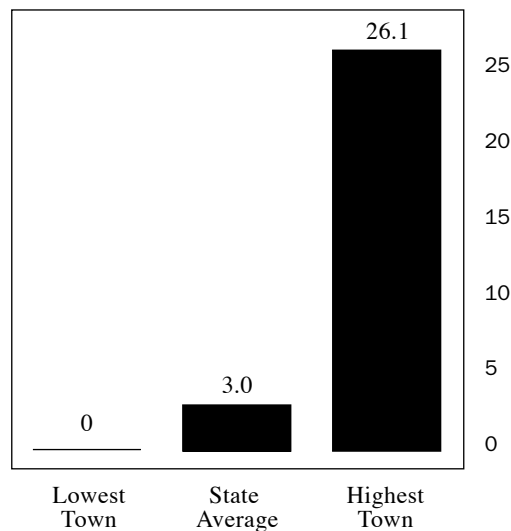
Lowest Percentage of 16 to 19 Year Olds Not in School and Not Working

<i>Town</i>	<i>County</i>	<i>Age 16-19, % not in school/not working</i>
Bozrah	New London	0
Bridgewater	Litchfield	0
Brookfield	Fairfield	0
Canton	Hartford	0
Columbia	Tolland	0
Cornwall	Litchfield	0
Deep River	Middlesex	0
East Granby	Hartford	0
Essex	Middlesex	0
Hampton	Windham	0
Kent	Litchfield	0
Killingworth	Middlesex	0
Lyme	New London	0
Marlborough	Hartford	0
Monroe	Fairfield	0
Morris	Litchfield	0
New Canaan	Fairfield	0
Norfolk	Litchfield	0
Old Saybrook	Middlesex	0
Prospect	New Haven	0
Redding	Fairfield	0
Ridgefield	Fairfield	0
Roxbury	Litchfield	0
Salem	New London	0
Salisbury	Litchfield	0
Union	Tolland	0
Weston	Fairfield	0
Westport	Fairfield	0
Willington	Tolland	0
Woodstock	Windham	0

Connecticut in Contrast

High School Dropouts

High school dropouts in Connecticut's towns
Annual event rate



Source: (2000) Connecticut Department of Education

Connecticut's statewide high school dropout rate continues to improve and is now at its lowest in 30 years. However, there are vast disparities in high school completion across the state. While the statewide annual dropout rate is 3.0 percent, New London's dropout rate of 26.1 percent is almost nine times the state rate and Hartford and Bridgeport have dropout rates that are almost four times the state rate. In contrast, four Connecticut towns (Avon, Canton, New Canaan, and Weston) had dropout rates of zero in 2000.

Connecticut in Contrast

Highest High School Dropout Rate (annual event rate)

<i>Town</i>	<i>County</i>	<i>Dropout Rate</i>
New London	New London	26.1
Hartford	Hartford	11.5
Bridgeport	Fairfield	11.3
New Britain	Hartford	8.8
Hamden	New Haven	8.5
Killingly	Windham	6.9
Torrington	Litchfield	6.5
Windham	Windham	6.5
New Haven	New Haven	6.4
Plainfield	Windham	6.4

Connecticut (statewide) 3.0

Lowest High School Dropout Rate (annual event rate)

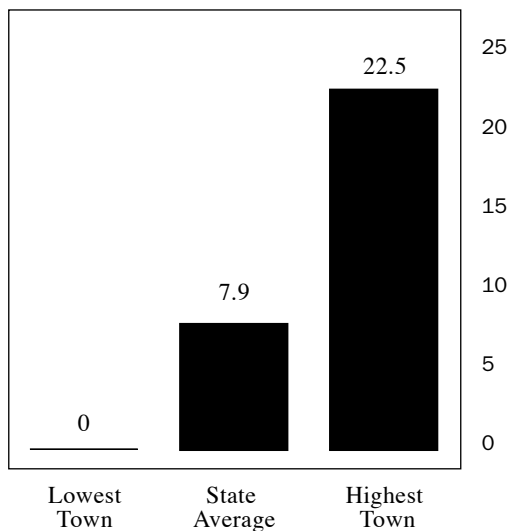
<i>Town</i>	<i>County</i>	<i>Dropout Rate</i>
Avon	Hartford	0
Canton	Hartford	0
New Canaan	Fairfield	0
Weston	Fairfield	0
Cromwell	Middlesex	0.22
Old Saybrook	Middlesex	0.23
Monroe	Fairfield	0.24
East Hampton	Middlesex	0.41
Wilton	Fairfield	0.42
Waterford	New London	0.49

Source (2000): Connecticut Department of Education

Connecticut in Contrast

Teen Births

Teen births in Connecticut's towns
Percent of births to mothers under age 20



Source: (1999) Connecticut Department of Public Health

In 1999, the last year for which town level data are available, almost eight percent of births in Connecticut were to mothers under the age of 20. Communities with a very high percentage of teen births face the double challenge of education for teen parents and adequate childcare for the children of teen mothers. In Hartford and New Britain, teen births accounted for more than 20 percent of all births, almost three times the state rate. In contrast, there were 12 Connecticut towns with at least 50 births in 1999 and no teen births at all.

Connecticut in Contrast

Highest Percentage of all births that are to mothers under age of 20

<i>Town</i>	<i>County</i>	<i>% births to mothers <20</i>
Hartford	Hartford	22.5
New Britain	Hartford	20.9
Bridgeport	Fairfield	17.8
Windham	Windham	16.7
New Haven	New Haven	16.5
Waterbury	New Haven	16.4
Killingly	Windham	16.1
New London	New London	15.5
Meriden	New Haven	14.7
Norwich	New London	13.2

Connecticut (statewide) 7.9

Lowest Percentage of all births that are to mothers under age of 20

minimum of 50 births

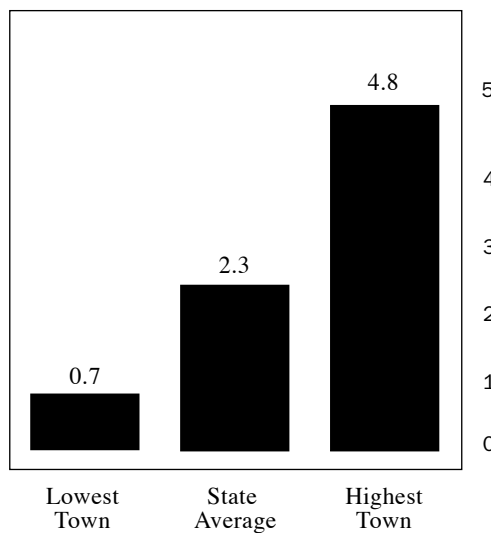
<i>Town</i>	<i>County</i>	<i>% births to mothers <20</i>
Brooklyn	Windham	0
Burlington	Hartford	0
Cromwell	Middlesex	0
Granby	Hartford	0
Litchfield	Litchfield	0
New Canaan	Fairfield	0
Orange	New Haven	0
Redding	Fairfield	0
Westbrook	Middlesex	0
Weston	Fairfield	0
Wilton	Fairfield	0
Woodbridge	New Haven	0

Source: (1999) Connecticut Department of Public Health

Connecticut in Contrast

Unemployment

Unemployment in Connecticut's towns
Unemployed workers as % of civilian labor force



Source: (2000) Connecticut Department of Labor

In 2000, unemployment in Connecticut reached a record low rate of 2.3 percent. Even with such low unemployment across the state, several communities, including some of the largest cities in the state, had unemployment rates far above the statewide rate. Unemployment was highest in Hartford, where it was more than double the state rate. In contrast, 14 Connecticut towns had unemployment rates of 1.0 percent or lower.

Connecticut in Contrast

Highest Unemployment Rates

<i>Town</i>	<i>County</i>	<i>Unemployment Rate</i>
Hartford	Hartford	4.8
Bridgeport	Fairfield	4.2
Killingly	Windham	4.2
New Britain	Hartford	3.9
Waterbury	New Haven	3.7
Ansonia	New Haven	3.4
Derby	New Haven	3.4
New Haven	New Haven	3.3
New London	New London	3.3
Sprague	New London	3.3
Connecticut (statewide)		2.3

Lowest Unemployment Rates

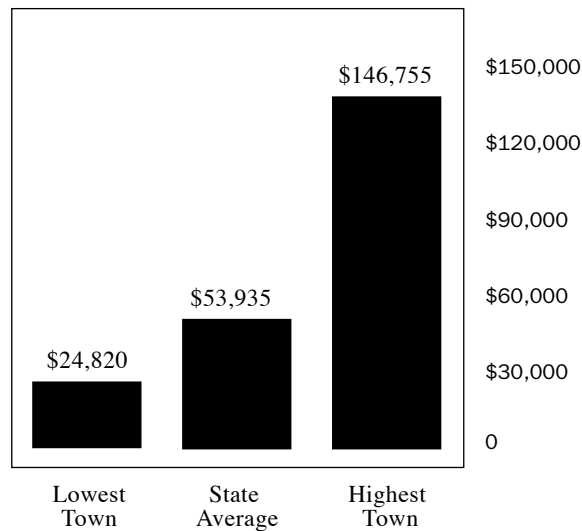
<i>Town</i>	<i>County</i>	<i>Unemployment Rate</i>
Sharon	Litchfield	0.7
New Canaan	Fairfield	0.8
Weston	Fairfield	0.8
Colebrook	Litchfield	0.9
Kent	Litchfield	0.9
Wilton	Fairfield	0.9
Canaan	Litchfield	1.0
Darien	Fairfield	1.0
Greenwich	Fairfield	1.0
North Canaan	Litchfield	1.0
Ridgefield	Fairfield	1.0
Roxbury	Litchfield	1.0
Salisbury	Litchfield	1.0
Westport	Fairfield	1.0

Source (2000): Connecticut Department of Labor

Connecticut in Contrast

Annual Household Income

Household income in Connecticut's towns
Median annual household income



Source: (1999) U.S. Census Bureau

In 2000, Connecticut ranked second among the 50 U.S. states in median household income, trailing only New Jersey. Connecticut's median household income of \$53,935 was well above the national median of \$41,994. There is, however, substantial income inequality in the state. In some communities, including Hartford, East Brooklyn, Storrs, and New Haven, median household income is below \$30,000. In contrast, Darien, Weston, New Canaan, and Wilton each have a median household income of more than \$140,000. Nine of the ten highest income towns were in Fairfield County.

Connecticut in Contrast

Lowest Median Annual Household Income

<i>Town</i>	<i>County</i>	<i>Median Annual Household Income</i>
Hartford	Hartford	\$24,820
East Brooklyn	Windham	\$25,813
Storrs	Tolland	\$26,371
New Haven	New Haven	\$29,604
Willimantic	Windham	\$30,155
Canaan	Litchfield	\$30,438
Danielson	Windham	\$31,969
Bantam	Litchfield	\$32,167
Rockville	Tolland	\$32,444
Plainfield	Windham	\$33,268
Connecticut (statewide)		\$53,935

Highest Median Annual Household Income

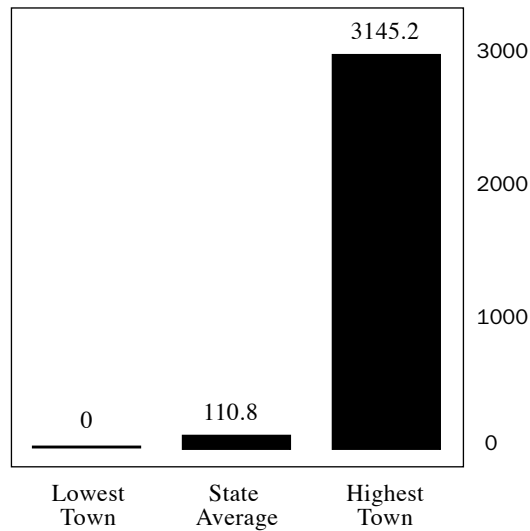
<i>Town</i>	<i>County</i>	<i>Median Annual Household Income</i>
Darien	Fairfield	\$146,755
Weston	Fairfield	\$146,697
New Canaan	Fairfield	\$141,788
Wilton	Fairfield	\$141,428
Easton	Fairfield	\$125,557
Westport	Fairfield	\$119,872
Ridgefield	Fairfield	\$107,351
Redding	Fairfield	\$104,137
Georgetown	Fairfield	\$103,424
Woodbridge	New Haven	\$102,121

Source (1999): U.S. Census Bureau

Connecticut in Contrast

Lyme Disease

Lyme Disease in Connecticut's towns
Cases per 100,000 population



Source: (2000) Connecticut Department of Public Health

In 2000, there were 3,773 cases of Lyme Disease in Connecticut, a rate of 110.8 cases per 100,000 population. Communities where Lyme Disease is particularly prevalent face potentially significant public health costs and residents whose work and school lives may be interrupted. The four communities with the highest Lyme Disease rates (Canaan, Cornwall, Salisbury, and Sharon) were all in Litchfield county. The rate of Lyme Disease in Canaan was 28 times the state rate. In contrast, Colebrook (also in Litchfield county) had no Lyme Disease cases in 2000.

Connecticut in Contrast

Highest Lyme Disease rates

<i>Town</i>	<i>County</i>	<i>per 100,000 population</i>
Canaan	Litchfield	3145.2
Cornwall	Litchfield	1952.6
Salisbury	Litchfield	1760.1
Sharon	Litchfield	1145.6
Hampton	Windham	1023.9
Sherman	Fairfield	836.2
Kent	Litchfield	734.8
Weston	Fairfield	727.3
Pomfret	Windham	684.6
Redding	Fairfield	653.0

Connecticut (statewide) 110.8

Lowest Lyme Disease rates

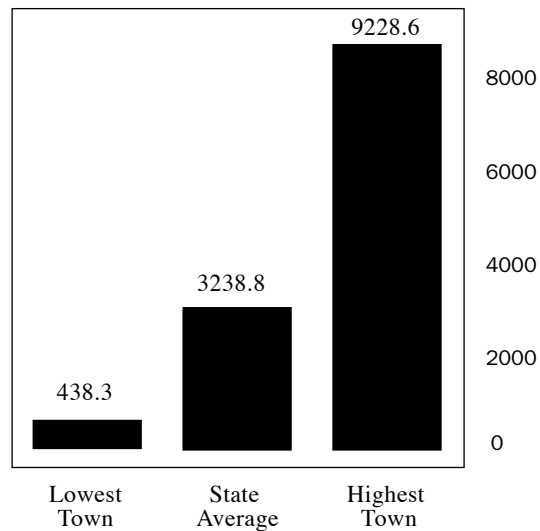
<i>Town</i>	<i>County</i>	<i>per 100,000 population</i>
Colebrook	Litchfield	0
New Britain	Hartford	7.0
Wetherfield	Hartford	7.6
Cromwell	Middlesex	7.8
Enfield	Hartford	8.8
East Hartford	Hartford	10.1
Southington	Hartford	10.1
Windsor	Hartford	10.6
Hartford	Hartford	11.5
Plainville	Hartford	11.5

Source (2000): Connecticut Department of Public Health

Connecticut in Contrast

Crime Rate

Crime in Connecticut's towns
Crimes per 100,000 population



Source: (2000) Connecticut Department of Public Safety

In 2000, the crime rate across Connecticut was 3238.8 per 100,000 population. While crime in the state continues to decrease, it remains far higher in some communities than others. Crime rates are highest in the largest cities in the state. The highest crime rate is in Hartford, almost three times the state rate. In contrast, several towns have crime rates that are a small fraction of the state rate, led by Bethlehem with a crime rate of 438.3 per 100,000.

Connecticut in Contrast

Highest Crime Rate

<i>Town</i>	<i>County</i>	<i>Crimes per 100,000 persons</i>
Hartford	Hartford	9228.6
New Haven	New Haven	7902.1
Waterbury	New Haven	6510.6
Bridgeport	Fairfield	6378.6
New Britain	Hartford	5553.7
Willimantic	Windham	5176.0
New London	New London	4881.0
Manchester	Hartford	4819.1
Putnam	Windham	4802.3
East Hartford	Hartford	4702.0
Connecticut (statewide)		3238.8

Lowest Crime Rate

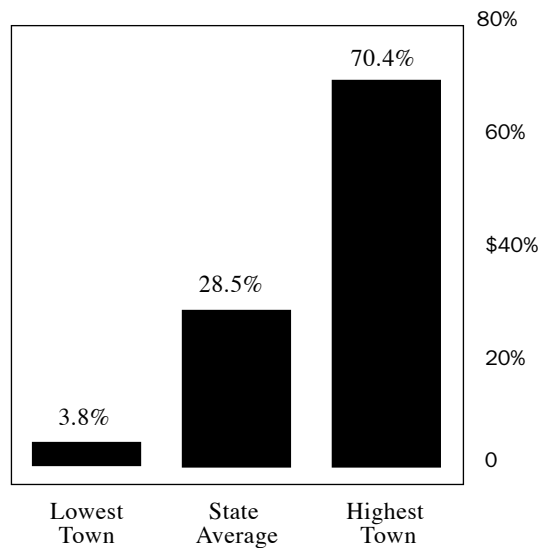
<i>Town</i>	<i>County</i>	<i>Crimes per 100,000 persons</i>
Bethlehem	Litchfield	438.3
Hampton	Windham	455.1
Ridgefield	Fairfield	477.9
Warren	Litchfield	478.5
Easton	Fairfield	522.6
New Fairfield	Fairfield	530.4
Bridgewater	Litchfield	548.2
Morris	Litchfield	565.0
Tolland	Tolland	578.1
Redding	Fairfield	580.4

Source (2000): Connecticut Department of Public Safety

Connecticut in Contrast

Rental Housing

Rental Housing in Connecticut's towns
% of population in renter occupied households



Source: (2000) U.S. Census Bureau

Connecticut's rental housing market is among the most expensive in the United States. Across the state, more than one-quarter of state residents live in rental housing. However, the housing situation differs substantially from town to town. In some communities, the vast majority of residents own their own homes; in other communities, most residents are renters. In Hartford, more than 70 percent of residents live in renter occupied households. In contrast, there are 11 Connecticut towns where fewer than six percent of residents live in renter occupied housing.

Connecticut in Contrast

Highest Percentage of Population in Renter Occupied Households

<i>Town</i>	<i>County</i>	<i>Percentage of Total Population in. Renter Occupied Households</i>
Hartford	Hartford	70.4
New Haven	New Haven	62.2
Bridgeport	Fairfield	54.7
New London	New London	53.5
Waterbury	New Haven	49.1
Groton	New London	46.3
Windham	Windham	45.6
Norwich	New London	42.8
Ansonia	New Haven	40.8
Middletown	Middlesex	40.8
Connecticut (statewide)		28.5

Lowest Percentage of Population in Renter Occupied Households

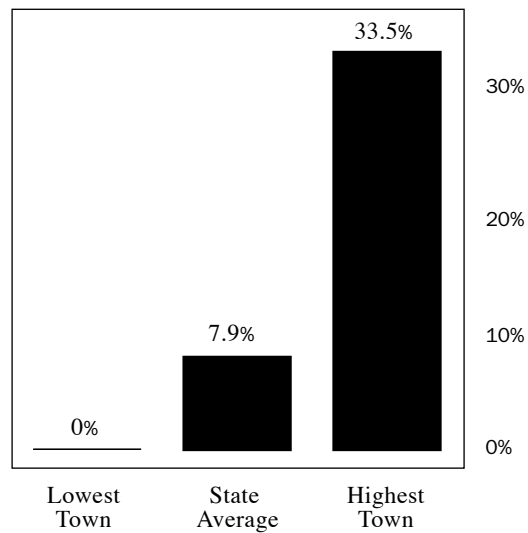
<i>Town</i>	<i>County</i>	<i>Percentage of Total Population in. Renter Occupied Households</i>
Killingworth	Middlesex	3.8
Burlington	Hartford	4.3
Easton	Fairfield	4.6
Monroe	Fairfield	5.0
Weston	Fairfield	5.0
Tolland	Tolland	5.3
Harwinton	Litchfield	5.6
New Fairfield	Fairfield	5.6
Newtown	Fairfield	5.7
Orange	New Haven	5.8
Prospect	New Haven	5.8

Source (2000): U.S. Census Bureau

Connecticut in Contrast

Poverty

Poverty in Connecticut's towns
Percent of population



Source: (1999) U.S. Census Bureau

In 1999, about eight percent of Connecticut's residents lived in poverty, which is far below the national poverty rate of 12.4 percent. However, some communities have a very high poverty rate while others have rates near zero. The poverty rate is highest in Storrs, where more than 33 percent of residents live in poverty, while the rate in Hartford is more than 30 percent. In contrast, the poverty rate in Fenwick is zero and four other Connecticut towns have rates of less than one percent.

Connecticut in Contrast

Highest Poverty rates

<i>Town</i>	<i>County</i>	<i>Poverty rate</i>
Storrs	Tolland	33.5
Hartford	Hartford	30.6
New Haven	New Haven	24.4
Willimantic	Windham	19.8
Bridgeport	Fairfield	18.4
Windham	Windham	17.5
New Britain	Hartford	16.4
Waterbury	New Haven	16.0
New London	New London	15.8
Poquonock Bridge	New London	15.5
East Brooklyn	Windham	15.5

Connecticut (statewide)

7.9

Lowest Poverty rates

<i>Town</i>	<i>County</i>	<i>Poverty rate</i>
Fenwick	Middlesex	0
Groton Long Point	New London	0.3
Chester Center	Middlesex	0.5
Killingworth	Middlesex	0.7
Terramuggus	Hartford	0.8
Prospect	New Haven	1.0
Salem	New London	1.0
Burlington	Hartford	1.1
Lyme	New London	1.2
Chester	Middlesex	1.3
Madison	New Haven	1.3
West Simsbury	Hartford	1.3

Source (1999): U.S. Census Bureau

Part V

Conclusion

In general, the news in this year's *Social State of Connecticut* is good. The state's overall social health continues to improve and several key social indicators are at or near record-best levels. In future years the situation may be less encouraging, but the objective of this document is to monitor and report the social health of the state, whatever the outcome. The nine editions of *The Social State of Connecticut* have contributed to informing citizens of the state about the conditions of social health and assisting state government in making better social policy.

Although social health in Connecticut has improved for six years in a row, this improvement has been driven, in large part, by very strong social performance in the most well-off communities in the state. Income variation in Connecticut continues to increase and there are persistent disparities in social health across Connecticut's communities. Some of the largest population centers of the state—including Bridgeport, Hartford, New Haven, Waterbury, and New Britain—have not shared equally in the benefits of advancing social health.

For example, while high school dropout rates are at record lows statewide, several of Connecticut's cities face dropout rates that remain alarmingly high. Statewide, infant mortality rates are very low, as many towns have an infant mortality rate of zero. But several of Connecticut's cities and towns have infant mortality rates that are comparable to the worst performing states in the nation. While Connecticut's poverty level is among the lowest in the United States, several cities and towns have extraordinarily high poverty rates.

Even as Connecticut's social performance continues its upward trend, the persistent inequalities in the state—with indicators showing acute social problems at this time of improving statewide social health—pose an ongoing challenge to the citizens and policy makers in the state. With preliminary data suggesting signs of a downturn in social performance next year, it will be important to pay attention to the state's overall social health as well as social conditions in those communities that continue to struggle.

Appendix

The Connecticut Index of Social Health 1970-2000,
in more precise terms, is as follows:

<i>1970</i>	64.5
<i>1971</i>	61.8
<i>1972</i>	68.2
<i>1973</i>	72.7
<i>1974</i>	61.8
<i>1975</i>	51.8
<i>1976</i>	55.5
<i>1977</i>	62.7
<i>1978</i>	58.2
<i>1979</i>	58.2
<i>1980</i>	59.1
<i>1981</i>	54.5
<i>1982</i>	58.2
<i>1983</i>	58.2
<i>1984</i>	62.7
<i>1985</i>	58.2
<i>1986</i>	57.3
<i>1987</i>	54.5
<i>1988</i>	50.0
<i>1989</i>	44.5
<i>1990</i>	43.6
<i>1991</i>	43.6
<i>1992</i>	42.7
<i>1993</i>	44.5
<i>1994</i>	40.9
<i>1995</i>	44.5
<i>1996</i>	46.4
<i>1997</i>	50.9
<i>1998</i>	55.5
<i>1999</i>	60.0
<i>2000</i>	62.7

For a technical description of the methodology of the Index,
please contact the Fordham Institute for Innovation in Social
Policy, Tarrytown, New York

Sources

Infant Mortality: Deaths in the first year of life per 1,000 live births

Infant mortality rates: Connecticut Department of Public Health; U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.

By race: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, *National Vital Statistics Reports*, Volume 50, Number 15, September 16, 2002.

Low birthweight: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, *National Vital Statistics Reports*, Volume 50, Number 5, February 12, 2002.

Late prenatal care: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, *National Vital Statistics Reports*, Volume 50, Number 5, February 12, 2002.

Child Abuse: Reports of abuse per 1,000 children under age 18

Child abuse rates: State of Connecticut, Department of Children and Families, Information Systems Division, Hartford, Connecticut, unpublished data; American Humane Association, *Highlights of Official Aggregate Child Neglect and Abuse Reporting*; Connecticut Department of Children and Families (formerly Connecticut Department of Children and Youth Services), *Abuse, Neglect and At Risk Confirmations: 6-Year Comparison*; U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, *Child Maltreatment: Reports From the States to the National Child Abuse and Neglect Data System* (annual). Calculations by the Fordham Institute based on state population data from U.S. Bureau of the Census.

Types of abuse: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, *Child Maltreatment 2000: Reports From the States to the National Child Abuse and Neglect Data System*.

Recurrence rate: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, *Child Maltreatment 2000: Reports From the States to the National Child Abuse and Neglect Data System*.

Victims by age, gender, and ethnicity: U.S. Department of Health and Human Services, Administration on Children and Families, Administration on Children, Youth and Families, Children's Bureau, *Child Maltreatment 2000: Reports From the States to the National Child Abuse and Neglect Data System*.

Fatalities: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, *Child Maltreatment 2000: Reports From the States to the National Child Abuse and Neglect Data System*.

Perpetrators: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, *Child Maltreatment 2000: Reports From the States to the National Child Abuse and Neglect Data System*.

Youth Suicide: Deaths per 100,000 population ages 15-24

Suicide rates: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Mortality Tables and *Vital Statistics of the United States* (annual); Connecticut Department of Public Health. Calculations based on population data from the U.S. Bureau of the Census.

By age and gender: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Mortality Tables, "Deaths from 358 Selected Causes, By 5-Year Age Groups, Race, and Sex: U.S. and Each State, 1999." 15-19 year old and 20-24 year old population data from Centers for Disease Control. Calculations by Fordham Institute.

Youth self concept: *The Governor's Prevention Initiative for Youth 2000 Student Survey: State of Connecticut*. Connecticut Department of Mental Health and Addiction Services, 2001.

High School Dropouts: Four-year cumulative dropout rate, by graduating class year.

Dropout rates: Connecticut State Board of Education, *Condition of Education in Connecticut* (annual); Connecticut State Department of Education, Division of Teaching and Learning, Bureau of Research, Evaluation and Student Assessment, unpublished data.

Dropout rates by grade: Connecticut State Department of Education, Division of Evaluation and Research, Bureau of Student Assessment and Research. Calculations by the Fordham Institute.

Dropout rates by race: Connecticut State Department of Education, Division of Evaluation and Research, Bureau of Student Assessment and Research.

Dropout rates by school district: Connecticut State Department of Education, Division of Evaluation and Research, Bureau of Student Assessment and Research.

Teenage Births: Births per 1000 women ages 15-19

Births and birthrates: Connecticut Department of Public Health; U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, *Vital Statistics of the United States* (annual). Calculations based on population data from the U.S. Bureau of the Census.

Problems associated with teenage births: Carnegie Corporation of New York, *Starting Points: Meeting the Needs of our Youngest Children*, The Report of the Carnegie Task Force on Meeting the Needs of Young Children, April 1994.

Births under 15: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Reproductive Statistics Branch.

Teen birthrates by county and race/ethnicity: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Reproductive Statistics Branch.

Unemployment: Unemployed workers as percent of civilian labor force

Unemployment rates: Connecticut Department of Labor, Office of Research; U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics Division.

Unemployment by race, gender, and age: U.S. Department of Labor, Bureau of Labor Statistics, "Geographic Profile of Employment and Unemployment 2000."

Involuntary part-time workers: U.S. Department of Labor, Bureau of Labor Statistics, "Geographic Profile of Employment and Unemployment 2000." Calculations by the Fordham Institute.

Job Growth: Connecticut Department of Labor and Connecticut Department of Economic and Community Development. *The Connecticut Economic Digest*. Vol. 6, No. 3. March, 2001.

Average Weekly Wages: Average weekly wages of factory production workers, 1996 dollars.

Manufacturing wages: Connecticut Department of Labor, Office of Research, "Hours and Earnings in Manufacturing Industries" (annual); U.S. Department of Labor, Bureau of Labor Statistics; Connecticut Department of Labor, *Annual Report of the Commissioner of Labor on the Economy, Workforce and Training Needs in Connecticut* (annual). Conversion to constant dollars based on implicit price deflator for GDP: Economic Report of the President 2002, p. 324 (1996=100). Calculations by the Fordham Institute.

Manufacturing and service sector employment: Connecticut Department of Labor, Office of Research, "Covered Employment & Wages by Industry" (annual);

Manufacturing and service sector wages: Connecticut Department of Labor, Office of Research, "Covered Employment and Wages by Industry, 2000" ES-202 Program Data.

Health Care Costs: Estimated expenditures for personal health care as a percent of per capita personal income

Health expenditures per capita: Katherine R. Levit *et al.*, "State Health Expenditure Accounts: Building Blocks for State Health Spending Analysis," *Health Care Financing Review*, Volume 17, Fall 1995, 201-254; Health Care Financing Administration, Office of the Actuary, National Health Statistics Group. Income data: U.S. Department of Commerce, Economics and Statistics Administration, Bureau of Economic Analysis, Regional Accounts Data, Local Area Personal Income. Calculations by the Fordham Institute.

Health insurance coverage: U.S. Bureau of the Census, Current Population Survey, (annual); Employee Benefit Research Institute.

Tobacco use: United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and

Health Promotion, Division of Adult and Community Health, Behavioral Risk Factor Surveillance System.

Violent Crimes: Violent crimes (murder, rape, robbery, and aggravated assault) per 100,000 population

Violent crime rate: Department of Public Safety, Division of State Police, Uniform Crime Reports, *Crime in Connecticut* (annual); Law Enforcement Support Section, Connecticut Department of Public Safety.

Violent crime by county: Department of Public Safety, Division of State Police, Uniform Crime Reports, *Crime in Connecticut*: 2000 Annual Report.

Murders: Department of Public Safety, Division of State Police, Uniform Crime Reports, *Crime in Connecticut*: 2000 Annual Report.

Hate crimes: Department of Public Safety, Division of State Police, Uniform Crime Reports, *Crime in Connecticut*: 2000 Annual Report.

Domestic violence: Department of Public Safety, Division of State Police, Uniform Crime Reports, *Crime in Connecticut*: 2000 Annual Report.

Affordable Housing: Estimated median sales price, single family home, as a multiple of per capita personal income

Housing costs and income: Cost of existing single-family house: annual reports in *The Commercial Record*; Connecticut Department of Housing, Annual Reports and *State of Connecticut Five Year Housing Advisory Plan, 1993-1997*. Note: 1970-1989 data represent average cost; 1990-2000 data represent median cost. Per capita personal income: U.S. Department of Commerce, Economics and Statistics Administration, Bureau of Economic Analysis, Regional Accounts Data. Calculations by the Fordham Institute.

Single family home cost, by county: The Warren Group, Connecticut Five-Year Report: Median Sales Price by County, 1997-2001.

Rental market data: National Low Income Housing Coalition, *Out of Reach 2001: America's Growing Wage-Rent Disparity*.

Income Variation: Percent of difference between highest income county and lowest income county

Income differences: Connecticut county income data from U.S. Department of Commerce, Bureau of Economic Analysis, Regional Accounts Data, Local Area Personal Income. Income differences calculated by Fordham Institute.

County Income: U.S. Department of Commerce, Bureau of Economic Analysis, Regional Accounts Data, Local Area Personal Income, "Connecticut Per Capita Personal Income 1997-2000."

Poverty levels: U.S. Census Bureau, Current Population Reports P60-219, "Poverty in the United States, 2001;" The Bureau of Labor Statistics and The Bureau of the Census, Current Population Survey, Annual Demographic Survey, March Supplement. "Poverty Status by State in 2000."

Personal income growth: U.S. Department of Commerce, Bureau of Economic Analysis, Regional Accounts Data, Local Area Personal Income, "Connecticut Per Capita Personal Income 1997-2000." Calculations by Fordham Institute.